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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000956 (1)

1. Corporation Name
 THE BARBADOS CULTURAL AND EDUCATIONAL SOCIETY OF FLORIDA, INC.

Principal Place of Business
 9221 ANDORA DR.
 MIRAMAR FL 33025

Mailing Address
 P.O BOX 245412
 PEMBROKE PINES FL 33025

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		02-27-1995
23	City & State	27	City & State	4	FEI Number
24	Zip	28	Country		65-0558944
25	Country	29	Country		Applied For
30	Country	30	Country		Not Applicable

9	Name and Address of Current Registered Agent	10	Name and Address of New Registered Agent
DELBERT CUMBERBATCH 10170 NW 10 STREET PLANTATION FL 33322		81 Name ROSLYN SEALY 82 Street Address (P.O. Box Number is Not Acceptable) 9221 ANDORA DR. 83 84 City MIRAMAR FL 85 Zip Code 33025	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Roslyn Sealy* President DATE 4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CUMBERBATCH, DELBERT	1.1 TITLE	PD ROSLYN SEALY
NAME	10170 NW 10 ST. PLANTATION FL 33322	1.2 NAME	9221 ANDORA DR. MIRAMAR FL 33025
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ATD AMY A. MAHONEY	2.1 TITLE	SD VALDA LEWIS
NAME	13900 SW 90TH AVE APT. BE208 MIAMI FL 33176	2.2 NAME	11943 SW 208 TELL MIAMI FL 33177
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CHRISTINA GRAHAM	3.1 TITLE	VPD SAMUEL HOLDER
NAME	1213 NW 6 AVE FL LAUDERDALE FL 33311	3.2 NAME	3020 NW 4th St. POMPANO BEACH 33069
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	CSO FRANCES FORDE
NAME		4.2 NAME	610 NW 214 ST. #204 MIAMI FL 33169
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	PR LINDA WALTERS
NAME		5.2 NAME	821 NW 108 TELL PEMBROKE PINES FL 33026
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	ATD MARLENE DENNY
NAME		6.2 NAME	811E PALM RUN DR N. LAUDERDALE, FL 33008
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roslyn Sealy* DATE 4/30/99 DAYTIME PHONE # 437-8362

CR2E037 (1/98)