

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED

01 OCT -5 PM 12: 4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000956  
1. Entry Name  
**THE BARBADOS CULTURAL AND EDUCATIONAL SOCIETY OF**

Principal Place of Business  
8221 ANDORA DR  
MIRAMAR FL 33025  
US

Mailing Address  
P.O. BOX 245412  
PEMBROKE PINES FL 33025  
US

2. Principal Place of Business  
**2607 NW 123 Ave**

3. Mailing Address  
Subs. Apt. #, etc.

08/06/01 90005 029 \$61.25

City & State  
**Coral Springs FL**

City & State  
Subs. Apt. #, etc.

4. FEI Number **65-0558944**  Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**HUNTE, JANICE**  
2807 NW 123RD AVENUE  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent  
Name **Bispham, Janice**  
Street Address (P.O. Box Number is Not Acceptable)  
**2607 NW 123 Ave**  
City **Coral Springs** FL Zip Code **33065**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE **Janice J. Bispham President** DATE **7/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when registering.

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SO</b>	NAME <b>LEWIS, VALDA</b> STREET ADDRESS <b>11943 SW 208 TERR</b> CITY-ST-ZIP <b>MIAMI FL 33177</b>	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Bispham, Janice</b> STREET ADDRESS <b>2607 NW 123 Avenue</b> CITY-ST-ZIP <b>Coral Springs, FL 33065</b>
TITLE <b>PO</b>	NAME <b>SEALY, ROSLYN</b> STREET ADDRESS <b>8221 ANDORA DRIVE</b> CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>LEWIS, VALDA</b> STREET ADDRESS <b>11943 SW 208 Terrace</b> CITY-ST-ZIP <b>Miami, FL 33177</b>
TITLE <b>VO</b>	NAME <b>HOLDER, SAMUEL</b> STREET ADDRESS <b>30227 NW 4TH ST</b> CITY-ST-ZIP <b>POMPANO BCH FL 33069</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Selman, Eucleda</b> STREET ADDRESS <b>7400 NE 733 Street</b> CITY-ST-ZIP <b>N. Miami, FL 33161</b>
TITLE <b>CSD</b>	NAME <b>FORDE, FRANCES</b> STREET ADDRESS <b>810 NW 214 ST #204</b> CITY-ST-ZIP <b>MIAMI FL 33189</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Treasurer Ward, Sonia</b> STREET ADDRESS <b>1907 SW 94 Avenue</b> CITY-ST-ZIP <b>Miramar, FL 33028</b>
TITLE <b>PH</b>	NAME <b>WALTERS, LINDA</b> STREET ADDRESS <b>821 NW 108 TERR</b> CITY-ST-ZIP <b>PEMBROKE PINES FL 33028</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Corresponding Secretary Hunte, Monica</b> STREET ADDRESS <b>140 NE 175 street</b> CITY-ST-ZIP <b>N. Miami, FL 33162</b>
TITLE <b>ATD</b>	NAME <b>DENNY, MARLENE</b> STREET ADDRESS <b>811 E PALM RUN DR</b> CITY-ST-ZIP <b>N LAUDERDALE FL 33068</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PAO Nurse, Marlene</b> STREET ADDRESS <b>811 E Palm Run Drive</b> CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. SIGNATURE REQUIRED** DATE: **7/30/2001** (954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

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CREATED (5/01)



*Barbados Cultural Society of Florida, Inc.*

P.O. Box 245412, Pembroke Pines, Florida 33025

August 13, 2001

Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

*Attachment 12596*

Reference Number : N9500000956



Dear Sir/Madame:

The Barbados Cultural and Educational Society of Florida, Inc., is in receipt of your letter dated August 7, 2001.

As per your request, the association has appointed three trustees, in addition to the executive members of the board. The trustees and their terms are:

Three (3) years	Mr. Edward Nichols (T) 2850 NW 8 <sup>th</sup> Street Pompano Beach, Fl 33069 (954) 979-5719
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Two (2) years	Mr. Bentley F. Hunte (T) P. O. Box 660834 Miami Springs, Fl 33266 (954) 340-8899
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One (1) year	Ms. Deania Henry (T) 19710 NW 32 <sup>nd</sup> Avenue Miami, Fl 33056 (305) 621-1052
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If you have additional questions, please call the associations president at (954) 340-1545.

Sincerely,

*Janice J. Bispham*

Janice J. Bispham  
President

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