## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CR2E037 (12/95)

1996

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FLLIOTT J. SCAVE

N95000001229 (2) **DOCUMENT #**1. Corporation Name

BAHAMIAN/AMERICAN CULTURAL CLUB, INC.

Principal Place of Business		Mailing Address				r sensum nin inint mint matti antit abilt höllt detti fibie ilbie ilbie ilbie ibit ibbi.				
1861 NW 115 ST		1961 NW 115 ST								
MIAMI FL 33	167	MIAMI FL 93167				j				
						3. Date Incorporated or Qualified 03/13/1995	3a. [	Date of Last		
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26			590884031 Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional		
City & Stat	A	City & State					ш		Required	
23		28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Count	ry		8. This corporation has liability for	intangible f				
24]	30			Florida Statutes 🔲 Yes 🖫 🕏 🗀						
****	9. Name and Address of Curren	t negistered Agent	8	1	Name	10. Name and Address of New F	egistered	Agent		
SCAVELI	LA, ELLIOTT J		L	ı						
1861 NW	V 115 ST		82 Street Addi		Street Addr	ress (P.O. Box Number is Not Acceptab	le)		<del></del>	
MIAMI FI	L 33167		8:	3						
			8	4	City			<b>85</b> Zi	ip Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617 1509. Elorido Ptotuto	o sho nha	Ţ			FL	<u>-                                     </u>		
or register familiar wi	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authorize on 617.0503, Florida Statutes.	ed by the cor	-ria por	rned corpor ration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appr	pose of ch pintment as	anging its r registered	registered office agent. I am	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if acol cable (NC)	L. Posistand &s							
12.	OFFICERS AND		13.	ent s	agnature required	d when reinstating: ADDITIONS/CHANGES TO OFF	DATE CEDO AND	> PHOCOTO	2520 144 40	
TITLE	D	DELETE	1.1 TITLE		P	ACOMONS/CHANGES TO OFF		Change	DRS IN 12	
NAME	SCAVELLA, ELLIOTT J		1.2 NAME		'	•			- Addition	
STREET ADDRESS	1861 NW 115 ST		1.3 STREE		DDRESS					
CITY-ST-ZIP	MIAMI FL 33167		1.4 DITY-							
TITLE	D	☐ DELE1E	2.1 TITLE		V			Change	Addition	
NAME	JOHNSON, GWENDOLYN C		2.2 NAME							
STREET ADDRESS	3941 NW 186 ST		2.3 STREE	1 AE	ODRESS					
CITY-ST-ZIP	MIAMI FL 33055		2 4 CITY	-\$1-	- ZIP					
TITLE	D AMEC DELODIO	☐ DELETE	3 1 TITLE		S			Change	<b>■</b> Addition	
NAME	JAMES, DELORIS		3.2 NAME			•				
STREET ADDRESS	4061 NW 198 ST MIAMI FL 33055		3.3 STREE	T AD	DRESS					
CiTY-ST-ZIP	D D	F-3	3.4. CITY-	\$T-	ZIP					
TITLE NAME	FLEMING, GRACE	DELETE	4.1 TITLE		5			Change	Addition	
	17921 NW 44 AVE		4 2 NAME			•				
STREET ADDRESS	MIAMI FL 33055		4.3 STREE							
CITY-ST-ZIP TITLE	D	DELETE	4.4 City-:	ST-Z						
NAME	HARRISON, ALICE		5.1 TITLE		5		[	Change	<del>_</del> Addition	
STREET ADDRESS	1891 WILMINGTON ST		5.2 NAME		NDDCCC					
CITY-ST-ZIP	MIAMI FL 33054		5.3 STREET		***					
TITLE	D	Declete	5.4 CHY-5 6.1 THILE	51 - <i>E</i>		/n	<del>-</del>	<b>⊶</b> Chânge	T Address	
NAME	MILLER, RICHARD		6.2 NAME		T	W. HOTETIE 'euro		<u>⊶</u> change	☐ Addition	
STREET ADDRESS	17240 NW 53 PL		6.3 STREET	1 40	ا منا تدادا <sub>IDRESS</sub>	HRISTIE, SHIRLE BBI N.W. 195 Stre	1 +			
CiTY-ST-ZIP	MIAMI FL 33055		64 CITY O	·	210	como Elonido a	2~~	<b>=</b>		
14 I do hereby	certify that the information supplied w	th this filing is voluntarily furnis			not qualify for	r the exemption stated in Section 119.0	7(3)(k) FIG	rida Statut	ac I further	
oertify that oath; that I appears in	the information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed or or	I report or supplemental annuation or the receiver or trusteen an attachment with an	al report in tru empowered	to e	and accurate execute this	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 617, Flo	ame legal ida Statuti	effect as if es; and tha	made under t my name	
			<i>الس</i> ــ"		11	<i>(1)</i>				

SCAVELI