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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004513 (6)**

1. Corporation Name

**THE BAHAMAS AMERICAN JUNKANOO CULTURAL AND GOOMB  
AY FESTIVAL ASSOCIATION OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**60 CARRIAGE HILL CIR.  
CASSELBERRY FL 32707**

**P.O. BOX 181763  
CASSELBERRY FL 32718-1763**

3. Date Incorporated or Qualified

**09/19/1995**

4. FEI Number

**59-3367546**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDS, WILLIAM L  
60 CARRIAGE HILL CIR.  
CASSELBERRY FL 32707**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **SANDS, WILLIAM L**  
STREET ADDRESS **60 CARRIAGE HILL CIRCLE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

12 NAME **200002628012**  
13 STREET ADDRESS **-08/28/98-01079-009-1**  
14 CITY-ST-ZIP **\*\*\*437.50 \*\*\*70.00**

TITLE **VD** ☒ DELETE

2.1 TITLE **VD** ☒ Change ☐ Addition

NAME **BARRA, IRENE I**  
STREET ADDRESS **206 7TH STREET W.**  
CITY-ST-ZIP **QSTEEN FL 32764-0261**

22 NAME **ARTHUR C. N. DAVIS**  
23 STREET ADDRESS **686 KENVICK CIRCLE**  
24 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **TD** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SANDS, ERMA L**  
STREET ADDRESS **60 CARRIAGE HILL CIRCLE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

32 NAME ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SANDS, CHARLENE N**  
STREET ADDRESS **612 OMCO BOX 57**  
CITY-ST-ZIP **FT. BRAGG NC 28307**

42 NAME ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

5.1 TITLE **D** ☒ Change ☐ Addition

NAME **DAVIS, ARTHUR C-N**  
STREET ADDRESS **686 KENVICK CIRCLE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

52 NAME **AUSTIN C MINNIS**  
53 STREET ADDRESS **378 IMPERIAL DRIVE**  
54 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE **P.O. Mortham**

**8/18/98**

CR2E037 (10/97)