

FILE NOW: FILING FEE IS \$61.25


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Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90009 031 *****8.75

09-17-1999 90009 032 *****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004513** ✓

1. Corporation Name

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

Principal Place of Business

60 CARRIAGE HILL CIR.
CASSELBERRY FL 32707

Mailing Address

P.O. BOX 181763
CASSELBERRY FL 32718-1763

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/19/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3367546
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, WILLIAM L	1.2 NAME	
STREET ADDRESS	60 CARRIAGE HILL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ARTHUR C	2.2 NAME	
STREET ADDRESS	656 KENVICK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, ERMA L	3.2 NAME	
STREET ADDRESS	60 CARRIAGE HILL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, CHARLENE N	4.2 NAME	
STREET ADDRESS	612 OMCO BOX 57	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. BRAGG NC 28307	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNIS, AUSTIN C	5.2 NAME	
STREET ADDRESS	378 IMPERIAL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)