2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008493

FILED May 01, 2009 Secretary of State

Entity Name: AMERICAN CORPORATION FOR CARIBBEAN CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business:

1583 E SILVER STAR RD #133 4635 NW 29TH TERRACE OCOEE, FL 34761 GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

1583 E SILVER STAR RD #133 P. O. BOX 142152

OCOEE, FL 34761 GAINESVILLE, FL 32614

FEI Number: 01-0584421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LALGEE, JAN R

1583 E SILVER STAR RD #133 4635 NW 29TH TERRACE OCOEE, FL 34761 US GAINESVILLE, FL 32605 US

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: JAN R. LALGEE 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LALGEE, J R
 Name:
 LALGEE, J R

 Address:
 1583 E SILVER STAR RD #133
 Address:
 P. O. BOX 142152

City-St-Zip: OCOEE, FL 34761 City-St-Zip: GAINESVILLE, FL 32614

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 LALGEE, R P
 Name:
 LALGEE, R P

 Address:
 1583 E SILVER STAR RD #133
 Address:
 P. O. BOX 142152

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 GAINESVILLE, FL 32614

Title: T () Delete Title: T (X) Change () Addition

 Name:
 RAMASAR, C K
 Name:
 RAMASAR, C K

 Address:
 1583 E SILVER STAR RD #133
 Address:
 P. O. BOX 142152

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 GAINESVILLE, FL 32614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN R. LALGEE PRES 05/01/2009