2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# N06000004691

Entity Name: THE CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

330 3RD ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120580
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 71-1005993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, MILTON L
330 3RD ST
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WALLACE, INEZ
Address: 16516 ARROWHEAD TRAIL
City-St-Zip: CLERMONT, FL 34711 US

Title: VP
Name: THOMAS, LLOYD
Address: 370 ROBROY DR
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: CAMPBELL, NEVILLE N
Address: 1431 LAKEMIST LN
City-St-Zip: CLERMONT, FL 34711 US

Title: D
Name: POWELL, BASIL
Address: 1701 TURNSTONE WAY
City-St-Zip: CLERMONT, FL 34711 US

Title: D
Name: COPELAND, JENNIFER
Address: 332 ANORAK ST
City-St-Zip: GROVELAND, FL 34736 US

Title: D
Name: RILEY, MARSHA
Address: 10238 DOVEHILL LN
City-St-Zip: CLERMONT, FL 34711 US

I hereby 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 all other like empowered.

SIGNATURE: MARSHA RILEY TTRE 01/14/2011
Electronic Signature of Signing Officer or Director Date