

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 02, 2008  
Secretary of State

DOCUMENT# N06000006134

**Entity Name:** FEDERATION OF NORTHERN CARIBBEAN UNIVERSITY ALUMNI ASSOCIATION NORTH AMERICA  
INC

**Current Principal Place of Business:**

3475 SW RIVERS END WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3475 SW RIVERS END WAY  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 20-5038362      **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:**

GISCOMBE, HILBERT  
3475 RIVERS END WAY  
PALM CITY, FL 34990    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: PRES      ( ) Delete  
Name: GISCOMBE, HILBERT  
Address: 3475 RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990

Title: VP      ( ) Delete  
Name: GENTLES, DAVID  
Address: 2617 HERSFIELD CT  
City-St-Zip: SILVER SPRINGS, MD 20904

Title: VP      ( ) Delete  
Name: CAMPBELL 11, S PETER  
Address: 1453 NEWDAWN LANE  
City-St-Zip: BEAUMONT, CA 92223

Title: TR      ( ) Delete  
Name: BOYD, RAPHAEL  
Address: 1000 EASTHAMPTON LANE  
City-St-Zip: WAXHAW, NC 28173

Title: A TR      ( ) Delete  
Name: POTTINGER, DR. DAHILA  
Address: 3819 RIVER RIDGE CT  
City-St-Zip: DECATUR, GA 30034

Title: SEC      ( ) Delete  
Name: MCBEAN, VILROY  
Address: 706 BUCCANEER CT  
City-St-Zip: SILVER SPRINGS, MD 20904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HILBERT GISCOMBE

Electronic Signature of Signing Officer or Director

PRES

07/02/2008

\_\_\_\_\_ Date