2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006134

Apr 24, 2009 Secretary of State

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

INC

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

3475 SW RIVERS END WAY PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3475 SW RIVERS END WAY PALM CITY, FL 34990

FEI Number: 20-5038362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GISCOMBE, HILBERT
3475 RIVERS END WAY
PALM CITY, FL 34990 US
GISCOMBE, HILBERT
3475 SW RIVERS END WAY
PALM CITY, FL 34990 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: 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GISCOMBE, HILBERT
 Name:
 GISCOMBE, HILBERT

 Address:
 3475 RIVERS END WAY
 Address:
 3475 SW RIVERS END WAY

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990

Title: VP () Delete Title: () Change () Addition

 Name:
 GENTLES, DAVID
 Name:

 Address:
 2617 HERSFIELD CT
 Address:

 City-St-Zip:
 SILVER SPRINGS, MD 20904
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 CAMPBELL 11, S PETER
 Name:

 Address:
 1453 NEWDAWN LANE
 Address:

 City-St-Zip:
 BEAUMONT, CA 92223
 City-St-Zip:

Title: TR () Delete Title: () Change () Addition

 Name:
 BOYD, RAPHAEL
 Name:

 Address:
 1000 EASTHAMPTON LANE
 Address:

 City-St-Zip:
 WAXHAW, NC 28173
 City-St-Zip:

Title: A TR () Delete Title: () Change () Addition

 Name:
 POTTINGER, DR. DAHILA
 Name:

 Address:
 3819 RIVER RIDGE CT
 Address:

 City-St-Zip:
 DECATUR, GA 30034
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 MCBEAN, VILROY
 Name:

 Address:
 706 BUCCANEER CT
 Address:

 City-St-Zip:
 SILVER SPRINGS, MD 20904
 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 PRES 04/24/2009