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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35263

1. Corporation Name
CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES I NC.

Principal Place of Business: LEHIGH COMMUNITY BUILDING, 1299 HOMESTEAD RD., LEHIGH ACRES FL 33936 US
 Mailing Address: 228 GROUND DOVE CIR, LEHIGH ACRES FL 33936 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 ST. ANSELM CHURCH HALL Suite, Apt. #, etc.	26	11/16/1989
22 2201 E. G. STREET	27	4. FEI Number 65-0163140
23 LEHIGH ACRES FL	28	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 33972	29 U.S.A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOSES, RUTH 228 GROUND DOVE CIR LEHIGH ACRES FL 33936	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, EUSTACE	1.2 NAME	
STREET ADDRESS	113 RICHARD AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, GEORGE O	2.2 NAME	O. GEORGE FRANCIS <small>SECRETARY</small>
STREET ADDRESS	610 L'HOMMEDIU	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, HENRY M	3.2 NAME	DT ALMA ROCHESTER
STREET ADDRESS	513 CORINNE DR.	3.3 STREET ADDRESS	1427 SCENIC ST
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, RUTH E	4.2 NAME	DS DARNLEY M SPOONER
STREET ADDRESS	228 GROUND DOVE CIR	4.3 STREET ADDRESS	5313 LEE ST
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 REQUIRED** **EUSTACE CARTER - 4/7/99** (911) 368-5707
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)