


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90279 021 ****61.25

DOCUMENT # N35263					
1. Entity Name CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES INC.					
Principal Place of Business ST. ANSELM CHURCH HALL 2201 E 6 ST LEHIGH ACRES, FL 33972 US		Mailing Address 804 E PENN RD LEHIGH ACRES, FL 33936 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0163140	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FFRENCH, EDNA 804 E. PENN ROAD LEHIGH ACRES, FL 33936			Name EDNA FERENCH		
			Street Address (P.O. Box Number is Not Acceptable)		
			804 PENN ROAD		
			City LEHIGH ACRES		Zip Code 33936
			FL		
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE <i>Edna French</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOONER, DARNLEY		NAME	JANICE LEVINE	
STREET ADDRESS	5313 LEE STREET		STREET ADDRESS	503 EDINBURGH DR.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDERBURN, SEPTIMLLS		NAME	BIENVENIDO GIBBS	
STREET ADDRESS	2403 EDGEWATER WAY		STREET ADDRESS	112 COLUMBUS AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHESTER, ALMA		NAME		
STREET ADDRESS	1427 SCENIC ST		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, CHERYL		NAME	EDNA FERENCH	
STREET ADDRESS	507 CANTON AVE		STREET ADDRESS	804 PENN RD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Janice Levine</i>		JANICE LEVINE		239-433-1369	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	