


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

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



04192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0163140 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERENCH, EDNA
804 E. PENN ROAD
LEHIGH ACRES, FL 33936

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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: *Edna French* (NOTE: Registered Agent signature required when restateing) DATE: 4-23-08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVINE, JANICE 503 EDINBURGH DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIENVENIDO, GIBBS 112 COLOMBUS AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROCHESTER, ALMA 1427 SCENIC ST LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRENCH, EDNA 804 DENN RD LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/22/08-80079-008 61.25

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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: *Janice Levine* **JANICE LEVINE** 4/19/08 239-433-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #