2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35263

FILED Apr 14, 2009 Secretary of State

Entity Name: CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES INC.

Current Principal Place of Business: New Principal Place of Business: ST. ANSELM CHURCH HALL 2201 E 6 ST LEHIGH ACRES, FL 33972 US **New Mailing Address: Current Mailing Address:** 804 E PENN RD 3711- 16TH ST.S.W. LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33972 US FEI Number: 65-0163140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FERENCH, EDNA SMART, HAZEL 804 E. PENN ROAD 3711-16TH ST.S.W. LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33972 US 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: HAZEL SMART 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition LEVINE, JANICE Name: Name: 503 EDINBURGH DR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: () Change () Addition BIENVENIDO, GIBBS Name: Name: Address: 112 COLOMBUS AVE Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: () Delete Title: () Change () Addition ROCHESTER, ALMA Name: Name: Address: 1427 SCENIC ST Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition Name: FRENCH, EDNA Name: SMART, HAZEL Address: 804 DENN RD Address: 3711- 16TH ST. S.W. LEHIGH ACRES, FL 33972 City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33972

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: JANICE LEVINE DP 04/14/2009