


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90027 029 ****61.25

DOCUMENT # N35263

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



Principal Place of Business Mailing Address

**ST. ANSELM CHURCH HALL
2201 E 6 ST
LEHIGH ACRES FL 33972
US**

**228 GROUND DOVE CIR
LEHIGH ACRES FL 33936
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

**MOSES, RUTH
228 GROUND DOVE CIR
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, OWEN A	
STREET ADDRESS	8121 BUCKINGHAM RD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOSES, RUTH	
STREET ADDRESS	228 GROUND DOVE CIR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROCHESTER, ALMA	
STREET ADDRESS	1427 SCENIC ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRENCH, EDNA F	
STREET ADDRESS	804 PENN RD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH E. MOSES	
STREET ADDRESS	228 GROUND DOVE CIR	
CITY-ST-ZIP	LEHIGH ACRES, FLORIDA, 33936-6909	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE CARTER	
STREET ADDRESS	113 RICHMOND AVE	
CITY-ST-ZIP	LEHIGH ACRES, FLORIDA, 33936	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHESTER, ALMA	
STREET ADDRESS	1427 SCENIC STREET	
CITY-ST-ZIP	LEHIGH ACRES, FLORIDA, 33936	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA F. FRENCH	
STREET ADDRESS	804 PENN RD.	
CITY-ST-ZIP	LEHIGH ACRES, FLORIDA, 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Ruth E. Moses SIGNATURE REQUIRED: Ruth E. Moses 03-31-2003-239-369-6096

CR2E037 (10/02)