

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004608

Entity Name: THE CARIBBEAN AMERICAN CLUB, INC.**Current Principal Place of Business:**6211 S MARTINDALE AVENUE
TAMPA, FL 33611**Current Mailing Address:**PO BOX 320032
TAMPA, FL 33679**FEI Number: 59-3466877****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TAYLOR, MARY L
PREVATT ENGLAND & TAYLOR
201 N FRANKLIN SUITE 2505
TAMPA, FL 33602 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name BORDEN, SYLVIA
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title DIRECTOR
Name ENSMINGER, SHEILA
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title DIRECTOR
Name BROWN, MARLENE
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title DIRECTOR
Name MOORE, TAMMY
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title DIRECTOR
Name WHITE, BLAKE
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title PRESIDENT
Name BORDEN, DANALEESA
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title TREASURER
Name ERNI, MARY
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679Title SECRETARY
Name HAYLOCK, TASHA
Address PO BOX 320032
City-State-Zip: TAMPA FL 33679

I hereby 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 all other like empowered.

SIGNATURE: MARY ERNI**TREASURER****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date