

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004608

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC8222123009**

**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 P  
Name HAMILTON, DANIEL  
Address PO BOX 320032  
City-State-Zip: TAMPA FL 33679

Title D  
Name TATUM, JUNE  
Address 3116 PRICE AVE  
City-State-Zip: TAMPA FL 33611

Title D  
Name GRIFFITH, SADIE  
Address 3211 SAN JUAN ST  
City-State-Zip: TAMPA FL 33629

Title D  
Name BROWN, MARLENE  
Address 3909 TREASURE CIR  
City-State-Zip: TAMPA FL 33616

Title D  
Name MOORE, TAMMY  
Address 3908 N RIDGE AVE  
City-State-Zip: TAMPA FL 33603

Title D  
Name CAWLEY, JACQUELINE  
Address 2815 MARLIN AVE  
City-State-Zip: TAMPA FL 33611

Title VP  
Name BORDEN, DANALEESA  
Address PO BOX 320032  
City-State-Zip: TAMPA FL 33679

Title TREASURER  
Name ERNI, MARY  
Address PO BOX 320032  
City-State-Zip: TAMPA FL 33679

**Continues on page 2**

*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:** DANIEL HAMILTON

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name VALLADARES, ELYZE  
Address PO BOX 320032  
City-State-Zip: TAMPA FL 33679

Title SECRETARY  
Name HAYLOCK, TASHA  
Address PO BOX 320032  
City-State-Zip: TAMPA FL 33679