2017 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

Name and Address of Current Registered Agent:

TAYLOR, MARY L PREVATT ENGLAND & TAYLOR 201 N FRANKLIN SUITE 2505 TAMPA, FL 33602 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Unicel/Dire			
Title	DIRECTOR	Title	DIRECTOR
Name	BORDEN, SYLVIA	Name	ENSMINGER, SHEILA
Address	PO BOX 320032	Address	PO BOX 320032
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679
Title	DIRECTOR	Title	DIRECTOR
Name	BROWN, MARLENE	Name	MOORE, TAMMY
Address	PO BOX 320032	Address	PO BOX 320032
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679
Title		Title	PRESIDENT
Title	DIRECTOR	THE	FRESIDENT
Name	URECTOR WHITE, BLAKE	Name	BORDEN, DANALEESA
			-
Name	WHITE, BLAKE	Name	BORDEN, DANALEESA
Name Address	WHITE, BLAKE PO BOX 320032	Name Address	BORDEN, DANALEESA PO BOX 320032
Name Address City-State-Zip:	WHITE, BLAKE PO BOX 320032 TAMPA FL 33679	Name Address City-State-Zip:	BORDEN, DANALEESA PO BOX 320032 TAMPA FL 33679
Name Address City-State-Zip: Title	WHITE, BLAKE PO BOX 320032 TAMPA FL 33679 TREASURER	Name Address City-State-Zip: Title	BORDEN, DANALEESA PO BOX 320032 TAMPA FL 33679 ASST. TREASURER
Name Address City-State-Zip: Title Name	WHITE, BLAKE PO BOX 320032 TAMPA FL 33679 TREASURER ERNI, MARY	Name Address City-State-Zip: Title Name	BORDEN, DANALEESA PO BOX 320032 TAMPA FL 33679 ASST. TREASURER VALLADARES, ELYZE

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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: SYLVIA BORDEN

DIRECTOR

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 27, 2017 Secretary of State CC6887216132

Date

Officer/Director Detail Continued :

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