

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713305

FILED
Mar 19, 2009
Secretary of State

Entity Name: CLUB CUBANO AMERICANO OF JACKSONVILLE, INC.

Current Principal Place of Business:

5110 LOURCEY RD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56503
JACKSONVILLE, FL 322416503 US

New Mailing Address:

FEI Number: 59-1399005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANADOS, MANUEL
2527 WOODFERN LN
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTRO, JULIA M
Address: 11464 HALETHORPE DR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: P () Delete
Name: JORGE, TRAVERIA
Address: 4770 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP () Delete
Name: MARTI, SANTIAGO
Address: 7815 HUNTER GROVE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: GUTIERREZ, FRANCISCO
Address: 3678 CATHEDRAL COVE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: VALLE, CAMILO E
Address: 4425 PRINCESS LABETH COURT W.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S () Delete
Name: REYES, ANGELA
Address: 9979 DOVEFALL DR. E.
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILO E. VALLE

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date