

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002008

FILED  
Sep 17, 2009  
Secretary of State

**Entity Name:** CARIBBEAN FESTIVAL ASSOCIATION (CARIFESTA), INC.

**Current Principal Place of Business:**

2937 CENTRAL AVE  
ST PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14046  
ST. PETE, FL 33733 US

**New Mailing Address:**

**FEI Number:** 59-3573869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JACKSON, DONALD D  
1418 27 AVE S  
ST PETERSBURG, FL 33705 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/P ( ) Delete  
Name: JACKSON, DONALD D  
Address: 1418 27 AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D/S ( ) Delete  
Name: GLENN, DELORES  
Address: 4339 6 ST S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: T/D ( ) Delete  
Name: JACKSON, MICHELLE A  
Address: 1418 27 AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: DVP ( ) Delete  
Name: BLACK, JENNIFER  
Address: 2947 -- 6TH ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D ( ) Delete  
Name: JACKSON, JR, DONALD  
Address: 1418 - 27TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: NANETTE, WATSON  
Address: 6248 -20TH WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D/S (X) Change ( ) Addition  
Name: COLLIER, LATOYA  
Address: 8500 BELCHER RD #633  
City-St-Zip: PINELLAS PARK, FL 33781

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

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

Title: ( ) Change ( ) Addition  
Name:  
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: DONALD JACKSON

P

09/17/2009

Electronic Signature of Signing Officer or Director

Date