


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003650 1. Entity Name THE CUBAN-AMERICAN CULTURAL AND HUMANITARIAN EXCHANGE FOUNDATION, INCORPORATED					
Principal Place of Business 8216 WALLINGFORD HILLS LANE JACKSONVILLE FL 32256		Mailing Address 8216 WALLINGFORD HILLS LANE JACKSONVILLE FL 32256			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-3756433		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACOBS, LARRY 8216 WALLINGFORD HILLS LANE JACKSONVILLE FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACOBS, LARRY 8216 WALLINGFORD HILLS LANE JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/06/05-80048-014 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ENRIQUEZ, SIUL MANCEBO 8216 WALLINGFORD HILLS LANE JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000290010 04/06/05-80048-014 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JACOBS, JERALD 366 TALLULAH AVENUE JACKSONVILLE FL 32208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Larry Jacobs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR. 1 2005 (904) 363-2341 <small>Daytime Phone #</small>		