

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90193 024 ****61.25

DOCUMENT # N01000007994

1. Entity Name
CARIBBEAN FRIENDS CARES, INC.



Principal Place of Business
**2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311**

Mailing Address
**2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311**

40066753



DO NOT WRITE IN THIS SPACE

04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
43-1950459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, HAZELLE
2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROGERS, HAZELLE
2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CLARKE, LENORE
4251 NW 24TH ST.
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OMPHROY, MARLENE
3670 NW 27 ST
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAX, EULALEE
3670 NW 27 ST
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Rogers - Hazelle Rogers - Director

Date

4/24/06 (93) 485-6356

Daytime Phone #