

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007994

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** CARIBBEAN FRIENDS CARES, INC.

**Current Principal Place of Business:**

2769 NW 36TH AVE.  
LAUDERDALE LAKES, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2769 NW 36TH AVE.  
LAUDERDALE LAKES, FL 33311

**New Mailing Address:**

**FEI Number:** 43-1950459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, CLIFTON  
2769 NW 36TH AVE.  
LAUDERDALE LAKES, FL 33311 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:** DP  
**Name:** JENEFER, ETSUBNEH  
**Address:** 5632 JOHNSON STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** DT  
**Name:** CLARKE, LENORE  
**Address:** 4251 NW 24TH ST.  
**City-St-Zip:** LAUDERHILL, FL 33313

**Title:** D  
**Name:** OMPHROY, MARLENE  
**Address:** 3670 NW 27 ST  
**City-St-Zip:** LAUDERDALE LAKES, FL 33311

**Title:** D  
**Name:** BAX, EULALEE  
**Address:** 3670 NW 27 ST  
**City-St-Zip:** LAUDERDALE LAKES, FL 33311

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:** LENORE CLARKE

DT

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date