

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

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90023 015 \*\*\*\*61.25

**DOCUMENT # N02000004236**

1. Entity Name

**UNITED CARIBBEAN CULTURAL ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 350383  
PALM COAST FL 32135

Mailing Address

P.O. BOX 350383  
PALM COAST FL 32135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**41-2044679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNT, CYNTHIA  
9 FORT CAROLINE COURT  
PALM COAST FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME HUNT, CYNTHIA  
STREET ADDRESS 9 FORT CAROLINE COURT  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ROBINSON, RONALD  
STREET ADDRESS 2 FLINTHILL LN  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HIGGINS, VIOLET  
STREET ADDRESS 1 FAIRCASTLE LN  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME ROBINSON, ALMA  
STREET ADDRESS 11 BARLEY LN  
CITY-ST-ZIP PALM COAST FL 32137

TITLE S ☒ Change ☐ Addition  
NAME CHONG, TANYA  
STREET ADDRESS 13 BUTTERNORTH DR  
CITY-ST-ZIP PALM COAST FL 32131

TITLE SD ☐ Delete  
NAME HARRISON, CARLTON  
STREET ADDRESS 15 WEIDNER PLACE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME DIXON, ALVIN  
STREET ADDRESS 13 WESTGABLE PL  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Alvin Dixon* **TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-05 386-446-7953**  
Date Daytime Phone #