

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2044679 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, CYNTHIA		NAME	U00000681689 04/04/07-80055-001 61.25	
STREET ADDRESS	9 FORT CAROLINE COURT		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32137		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, RONALD		NAME		
STREET ADDRESS	2 FLINTHILL LN		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32137		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, VIOLET		NAME		
STREET ADDRESS	1 FAIRCASTLE LN		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32137		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHONG, TANYA		NAME		
STREET ADDRESS	58 BUTTONWORTH DR		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32131		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, CARLTON		NAME		
STREET ADDRESS	15 WEIDNER PLACE		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32164		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, ALVIN		NAME		
STREET ADDRESS	13 WESTGABLE PL		STREET ADDRESS		
CITY- ST- ZIP	PALM COAST FL 32164		CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alvin Dixon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26 07

396-446-7453

Date Daytime Phone #