

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008591

FILED  
Jun 09, 2008  
Secretary of State

**Entity Name:** TRINIDAD AND TOBAGO ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1823 E COLONIAL DR  
ORLANDO, FL 32803

**New Principal Place of Business:**

629 NORTH MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1823 E COLONIAL DR  
ORLANDO, FL 32803

**New Mailing Address:**

629 NORTH MAIN STREET  
KISSIMMEE, FL 34744

**FEI Number:** 71-0955378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAHABIR, SELWYN P  
1823 E COLONIAL DR  
ORLANDO, FL 32803      US

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

MAHABIR, SELWYN P  
629 NORTH MAIN STREET  
KISSIMMEE, FL 34744      US

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: \_\_\_\_\_

06/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAHABIR, SELWYN  
Address: 1823 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: SMITH, MILTON  
Address: 1823 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: SMITH, EDITH  
Address: 1823 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete  
Name: GREAVES, MARYLIN  
Address: 1823 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAHABIR, SELWYN  
Address: 629 NORTH MAIN STREET  
City-St-Zip: KISSIMMEE, FL 31744

Title: T (X) Change ( ) Addition  
Name: SMITH, MILTON  
Address: 629 NORTH MAIN STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change ( ) Addition  
Name: SMITH, EDITH  
Address: 629 NORTH MIAN STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: S (X) Change ( ) Addition  
Name: GREAVES, MARYLIN  
Address: 629 NORTH MAIN STREET  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILTON SMITH

T

06/09/2008

Electronic Signature of Signing Officer or Director

Date