

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008591

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

629 NORTH MAIN STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

2307 BOGGY CREEK ROAD
27
KISSIMMEE, FL 34744

Current Mailing Address:

629 NORTH MAIN STREET
KISSIMMEE, FL 34744

New Mailing Address:

2307 BOGGY CREEK ROAD
27
KISSIMMEE, FL 34744

FEI Number: 71-0955378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAHABIR, SELWYN P
2307 BOGGY CREEK ROAD
27
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: MILTON J. SMITH

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHABIR, SELWYN
Address: 2307 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 31744

Title: T (X) Change () Addition
Name: SMITH, MILTON
Address: 2307 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change () Addition
Name: ROBERTS, EUNICE
Address: 2307 BOGGY DREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: S (X) Change () Addition
Name: GREAVES, MARYLIN
Address: 2307 BOGGY CREEK ROAD
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 J SMITH

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date