

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90757 025 \*\*\*\*61.25

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # N03000001217</b>   |  |  |  |  |  |
| <b>1. Entity Name</b><br>HILLSBOROUGH CARIBBEAN SOCIAL & CULTURAL ASSOC., INC.   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>205 N LINCOLN AVE<br>TAMPA, FL 33609   |  |  | <b>Mailing Address</b><br>205 N LINCOLN AVE<br>TAMPA, FL 33609   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 04292004    Chg-NP    CR2E037 (10/03)  |  |
| City & State   |  | City & State   |  | <b>4. FEI Number</b><br>01-0780287   |  |
| Zip  |  | Country  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>COX, LOETTE<br>205 N LINCOLN AVE<br>TAMPA, FL 33609  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>   |  |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |  |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>HERCULES, JENNIFER<br><b>STREET ADDRESS</b><br>3913 WALNUT ST<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33607  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>D<br><b>NAME</b><br>HERCULES, JENNIFER<br><b>STREET ADDRESS</b><br>3913 WALNUT ST.<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33607                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>COX, LOETTE<br><b>STREET ADDRESS</b><br>205 N LINCOLN AVE<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33609  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>CD<br><b>NAME</b><br>DUVERNEY, JAMES W<br><b>STREET ADDRESS</b><br>5608 SHADY CREEK CT.<br><b>CITY-ST-ZIP</b><br>VALRICO, FL 33594                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>DUVERNEY, JAMES W<br><b>STREET ADDRESS</b><br>5608 SHADY CREEK DR<br><b>CITY-ST-ZIP</b><br>VALRICO, FL 33594  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>TD<br><b>NAME</b><br>FURLONGUE, COLIN<br><b>STREET ADDRESS</b><br>9034 PINEBREEZE DR.<br><b>CITY-ST-ZIP</b><br>RIVERVIEW, FL 33564                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>D<br><b>NAME</b><br>EVANS, WENDELL<br><b>STREET ADDRESS</b><br>6525 SEAFARER DR.<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33615                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>D<br><b>NAME</b><br>FERGUS, BRYAN<br><b>STREET ADDRESS</b><br>2010 RAMPART ST.<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33604                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>D<br><b>NAME</b><br>ALLEYNE, LUKE<br><b>STREET ADDRESS</b><br>9460 FOWLER AVE.<br><b>CITY-ST-ZIP</b><br>THONDTON, FL 33592                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>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.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>JAMES W. DUVERNEY</u> - JAMES W. DUVERNEY    04/28/04    (813) 307-1725<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |  |  |  |  |  |

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# Attachment

|   |                      |  |   |   |  |
|---|----------------------|--|---|---|--|
| DOCUMENT # N03000001217   |                      |  |   |  |  |
| 1. Entity Name<br><b>HILLSBOROUGH CARIBBEAN SOCIAL &amp; CULTURAL ASSOC., INC.</b>  |                      |  |   |   |  |
| Principal Place of Business<br>205 N LINCOLN AVE<br>TAMPA, FL 33609   |                      |  | Mailing Address<br>205 N LINCOLN AVE<br>TAMPA, FL 33609 |   |  |
| 2. Principal Place of Business  |                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                      | City & State   |   |   |  |
| Zip   | Country              | Zip  | Country   | 4. FEI Number<br><b>01-0780287</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                      |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent   |                      |  |   | 7. Name and Address of New Registered Agent                                       |  |
| COX, LOETTE<br>205 N LINCOLN AVE<br>TAMPA, FL 33609   |                      |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                      |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                      |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | PD                   | <input checked="" type="checkbox"/> Delete                                       | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | HERCULES, JENNIFER   |  | NAME  | BROWN, BERNARD  |  |
| STREET ADDRESS  | 3913 WALNUT ST       |  | STREET ADDRESS  | 1687 PALM LEAF DR.  |  |
| CITY-ST-ZIP   | TAMPA, FL 33607      |  | CITY-ST-ZIP   | BRANDON, FL 33510   |  |
| TITLE   | SD                   | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | COX, LOETTE          |  | NAME  |   |  |
| STREET ADDRESS  | 205 N LINCOLN AVE    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | TAMPA, FL 33609      |  | CITY-ST-ZIP   |   |  |
| TITLE   | TD                   | <input checked="" type="checkbox"/> Delete                                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | DUVERNEY, JAMES W    |  | NAME  |   |  |
| STREET ADDRESS  | 5608 SHADY CREEK DR. |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VALRICO, FL 33594    |  | CITY-ST-ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  | NAME  |   |  |
| STREET ADDRESS  |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  | NAME  |   |  |
| STREET ADDRESS  |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  | NAME  |   |  |
| STREET ADDRESS  |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                      |  | 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: <u>JAMES W. DUVERNEY</u> <u>04/28/04</u> <u>(813) 307-1725</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                      |  |   |   |  |