2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001609

1. Entity Name
CARIBBEAN-AMERICAN CULTURAL ASSOCIATION, INC.
N.A.

Principal Place of Business	Mailing Address
1844 E CHERYL DR WINTER PARK, FL 32792	1844 E CHERYL DR WINTER PARK, FL 32792

03062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
43-2000791
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELIX, JOHN
1844 E CHERYL DR
WINTER PARK, FL 32792

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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 JOHN FELIX 03/07/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	FELIX, JOHN
STREET ADDRESS	1844 E CHERYL DR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	COOV
NAME	JAMES, OSBORNE DICSON
STREET ADDRESS	1610 URBANA AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	S
NAME	VARGAS, DORIS M
STREET ADDRESS	420 JASMINE RD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	T
NAME	VARGAS, DORIS N
STREET ADDRESS	420 JASMINE ROAD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	DFS
NAME	MCKNIGHT, NATASHA F
STREET ADDRESS	2910 NEWMARK DR
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/06-80031-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DORIS M. VARGAS 03/07/06 321-216-4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #