


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90040 048 ****70.00

DOCUMENT # N03000001609					
1. Entity Name CARIBBEAN-AMERICAN CULTURAL ASSOCIATION, INC. N.A.					
Principal Place of Business 1844 E CHERYL DR WINTER PARK, FL 32792			Mailing Address 1844 E CHERYL DR WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-2000791	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792			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 reinstating) DATE</small>					
Filing 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 NAME STREET ADDRESS CITY - ST - ZIP	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR. BERNICE MOORE 480 SHORT PINE CIR. ORLANDO, FL. 32807	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER NATASHA MCKNIGHT 2910 NEWMARK DR. DELTONA, FL. 32738	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VARGAS, DORIS N 420 JASMINE ROAD CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS MCKNIGHT, NATASHA F 2910 NEWMARK DR DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>					
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 recorder 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: _____ <i>05/23/07</i> 407 671 6285 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					