


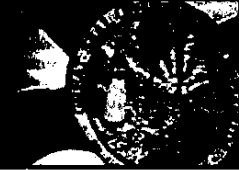
# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90194 026 \*\*\*\*61.25

<b>DOCUMENT # N03000001609</b>					
<b>1. Entity Name</b> CARIBBEAN-AMERICAN CULTURAL ASSOCIATION, INC. N.A.					
<b>Principal Place of Business</b> 1844 E CHERYL DR WINTER PARK, FL 32792			<b>Mailing Address</b> 1844 E CHERYL DR WINTER PARK, FL 32792		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>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> CEOP	<b>NAME</b> FELIX, JOHN		<b>TITLE</b> VP	<b>NAME</b> Osborne D James	
<b>STREET ADDRESS</b> 1844 E CHERYL DR	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 1640 Urbana Ave.	<b>CITY-ST-ZIP</b> Deltona, Fl. 32725	
<b>TITLE</b> T	<b>NAME</b> MCKNIGHT, NATASHA		<b>TITLE</b> T	<b>NAME</b> Ralph B. David	
<b>STREET ADDRESS</b> 2910 NEWMARK DR.	<b>CITY-ST-ZIP</b> DELTONA, FL 32738		<b>STREET ADDRESS</b> 1721 Aster Place	<b>CITY-ST-ZIP</b> Winter Park, Fl. 32792	
<b>TITLE</b> DFS	<b>NAME</b> MCKNIGHT, NATASHA F		<b>TITLE</b> CFO	<b>NAME</b> Natasha F. Mcknight	
<b>STREET ADDRESS</b> 2910 NEWMARK DR	<b>CITY-ST-ZIP</b> DELTONA, FL 32738		<b>STREET ADDRESS</b> 2910 Newmark Drive	<b>CITY-ST-ZIP</b> Deltona, FL. 32738	
<b>TITLE</b> S	<b>NAME</b> MOORE, BERNICE		<b>TITLE</b> Asst. Sec/PRO	<b>NAME</b> LLOYD J. Anderson	
<b>STREET ADDRESS</b> 480 SHORT PINE CIR.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32807		<b>STREET ADDRESS</b> 5935 Clydesdale Place	<b>CITY-ST-ZIP</b> Orlando, Fl. 32822	
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>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.</b>					
<b>SIGNATURE:</b> _____			05/23/08 407 671-7495		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40106075

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)**Annual Report Online Filing**Document Number N03000001609

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

FEI Number 43 - 2000791FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**Address 1844 E CHERYL DR (PO Box not acceptable)Suite, Apt. #, etc. City, State WINTER PARK, FLZip Code & Country 32792 **Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, provide your mailing address.

☒ Mailing address same as principal addressAddress 1844 E CHERYL DRSuite, Apt. #, etc. City, State WINTER PARK, FLZip Code & Country 32792 **Name And Address of Registered Agent**Name (Last, First, Middle, Title) FELIX, JOHN, , 

- OR -

Business to serve as RA

ATTACHMENT

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# N03000001609

Street Address In Florida 1844 E CHERYL DR (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State WINTER PARK, FL  
Zip Code & Country 32792 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title CEO  
Name (Last, First, Middle, Title) FELIX JOHN  
- OR -

Entity Name to serve as Officer/Director

Street Address 1844 E CHERYL DR  
City, State WINTER PARK, FL  
Zip Code & Country 32792

**Name And Address #2**

Title T  
Name (Last, First, Middle, Title) DAVID RALPH B  
- OR -

Entity Name to serve as Officer/Director

Street Address 1721 ASTER DR.  
City, State WINTER PARK, FL  
Zip Code & Country 32792

**Name And Address #3**

Title

ATTACHMENT

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# N03000001609

CFS

Name (Last, First, Middle, Title)

MCKNIGHT

NATASHA

F

- OR -

Entity Name to serve as Officer/Director

Street Address

2910 NEWMARK DR

City, State

DELTONA

FL

Zip Code &amp; Country

32738

**Name And Address #4**

Title

S

Name (Last, First, Middle, Title)

MOORE

BERNICE

- OR -

Entity Name to serve as Officer/Director

Street Address

480 SHORT PINE CIR.

City, State

ORLANDO

FL

Zip Code &amp; Country

32807

**Name And Address #5**

Title

VP

Name (Last, First, Middle, Title)

JAMES

OSBORNE

D

- OR -

Entity Name to serve as Officer/Director

Street Address

1640 URBANA AVE.

City, State

DELTONA

FL

Zip Code &amp; Country

32725

**Name And Address #6**

Title

PRO

Name (Last, First, Middle, Title)

ANDERSON

LLOYD

J

- OR -

Entity Name to serve as Officer/Director