2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N03000003401

Entity Name: CARIBBEAN COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

20 N. ORANGE AVE.
SUITE 600
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

20 N. ORANGE AVE.
SUITE 600
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 51-0463101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, P.A.
20 NORTH ORANGE AVE
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HENDRY, STONER & BROWN, P.A.
20 NORTH ORANGE AVE
SUITE 600
ORLANDO, FL 32801 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: HENDRY, STONER & BROWN, P.A. 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: PASQUARELLI, DAVID A
Address: 38 SPRINGVIEW DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DVP ( ) Delete
Name: HENDRY, ROBERT R
Address: 20 NORTH ORANGE AVE SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: PD ( ) Delete
Name: SCHMELING, DAVID G
Address: 2516 CHAMBERLIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: BREWER, CYRIDLA D
Address: 2037 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BREWER, CYRILDA D
Address: 2037 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL 32301

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: DAVID A. PASQUARELLI STD 02/19/2009
Electronic Signature of Signing Officer or Director Date