

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 90820 001 ***183.75

DOCUMENT # N03000009538					
1. Entity Name CARIBBEAN AMERICAN SOCIAL AWARENESS CENTER, INC.					
Principal Place of Business 2620 SW 8TH ST FT LAUDERDALE FL 33312			Mailing Address 2620 SW 8TH ST FT LAUDERDALE FL 33312		
2. Principal Place of Business 2880 W Oakland Blvd Suite, Apt. #, etc. Suite 110		3. Mailing Address 2880 W. Oakland Pk Blvd Suite, Apt. #, etc. Suite 110			
City & State Oakland Park Florida		City & State Oakland Park FL		4. FEI Number 65-1207704	
Country 33311		Zip FL 33311		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, SHARON 2620 SW 8TH ST FT LAUDERDALE FL 33312			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D <input type="checkbox"/> Delete FORMAN, HOWARD 11720 NW 12TH ST PEMBROKE PINES FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sharon Gordon <input type="checkbox"/> Change <input type="checkbox"/> Addition 2620 S.W. 8th St Ft. Laud, FL 33312 P	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GORDON, SHARON REV 2620 SW 8TH ST FT LAUDERDALE FL 33312 President		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete TWENEBOAH, KWAME CPA 6047 KIMBERLY BLVD, STE E NORTH LAUDERDALE FL 33068 Treasurer		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HUTTON, MAISE 2620 SW 8TH ST FT LAUDERDALE FL 33312 Secretary		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Sharon Gordon			04/28/04 954-4104290		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		