

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001171

FILED
Apr 02, 2009
Secretary of State

Entity Name: AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

Current Principal Place of Business:

255 NW 47 PL
OCALA, FL 34475

New Principal Place of Business:

8375 NW 9TH AVE
OCALA, FL 34475

Current Mailing Address:

3170 AIRMANS DRIVE
UNIT 2069- MEBLH
FORT PIERCE, FL 34946

New Mailing Address:

LYNX AIR
PO BOX407139
FT LAUDERDALE, FL 33340

FEI Number: 85-0322460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JUDITH
255 NW 47 PL
OCALA, FL 34475 US

Name and Address of New Registered Agent:

FOSTER, JUDITH
8375 NW 9TH AVE
OCALA, FL 34475 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: JUDITH C FOSTER

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUDENBERG, PAUL G
Address: UNIT 2069 - MEBLH , 3170 AIRMANS DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: FOSTER, JUDITH
Address: 255 NW 47 PL
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: PIERSON, DOUGLAS
Address: 85 KEVIN DR
City-St-Zip: NEW OXFORD, PA 17350

Title: D () Delete
Name: TOULOUTE, PAUL
Address: RTE NATIONALE #2, BERGEAUD
City-St-Zip: LES CAYES, HAITI, HT HT 8110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LETANG, NATHEN
Address: RUE NATIONAL # 2
City-St-Zip: LES CAYES ,HAITI, HT HT 8110

Title: D (X) Change () Addition
Name: ROBERT, CAIERRE
Address: RT NATIONAL 2
City-St-Zip: LES CAYES HAITI, HI HT8110

Title: D (X) Change () Addition
Name: CHARLES, ETIENNE
Address: RUE MEDARD #1
City-St-Zip: SIMONE, HT HT8110

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

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: JUDITH C FOSTER

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date