

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000004295

1. Entity Name

THE GRENADIAN-AMERICAN EDUCATIONAL &  
CULTURAL ORGANIZATION, INC.



Principal Place of Business

4549 SETTLEMENT CIRCLE  
ORLANDO, FL 32818

Mailing Address

P.O. BOX 683245  
ORLANDO, FL 32868-3245



03312008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3808453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COMMISSIONG, GEORGE  
4549 SETTLEMENT CIRCLE  
ORLANDO, FL 32818

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P/D  
NAME COMMISSIONG, GEORGE  
STREET ADDRESS 4549 SETTLEMENT CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE S/D  
NAME BRIDGEMAN, STEVE  
STREET ADDRESS P.O. BOX 683245  
CITY-ST-ZIP ORLANDO, FL 32868

TITLE T/D  
NAME CHARLES, BERNADETTE  
STREET ADDRESS P.O. BOX 683245  
CITY-ST-ZIP ORLANDO, FL 32868

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000879900  
04/15/08-80039-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*George Commissiong* **GEORGE COMMISSIONG** 4/1/08 407-625 0561