

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003821

FILED
Jan 20, 2009
Secretary of State

Entity Name: CARIBBEAN AMERICAN CHAMBER OF COMMERCE OF TAMPA BAY, INC.

Current Principal Place of Business:

27212 FOAMFLOWER BLVD
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

PO BOX 1499
LAND O LAKES, FL 346391499

New Mailing Address:

FEI Number: 20-4659883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDWOOD, WAYNE
27212 FOAMFLOWER BLVD
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLOYD, DEREK G
Address: 5117 LURGAN ROAD
City-St-Zip: LAND O LAKES, FL 34638

Title: V () Delete
Name: ARTHRUTON, MERVIN W
Address: 5128 LURGAN ROAD
City-St-Zip: LAND O LAKES, FL 34638

Title: T () Delete
Name: ARTHURTON, CAROLINE E
Address: 5128 LURGAN ROAD
City-St-Zip: LAND O LAKES, FL 34638

Title: S () Delete
Name: BENOIT-LLOYD, SOLANGE
Address: 5117 LURGAN ROAD
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: JOSEPH, FRANCIS
Address: 8500 HIDDEN RIVER PKWY
City-St-Zip: TAMPA, FL 33637

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

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: CAROLINE E ARTHURTON

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date