# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# N06000004197

**Entity Name:** CARIBBEAN EDUCATORS ASSOCIATION, INC.

**Current Principal Place of Business:**

8033 PELICAN HARBOR DRIVE
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8033 PELICAN HARBOR DRIVE
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number: 51-0578640** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAGERHOLM, A. DENISE ESQ
504 SW 18TH STREET
FORT LAUDERDALE, FL 33315 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: PD ( ) Delete
Name: COVER, JANICE S ED.D
Address: 8033 PELICAN HARBOR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete
Name: GORDON, VIVIAN
Address: 8033 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete
Name: BEDASSEE, MARCIA
Address: 3153 VIA DEL LAGOS
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete
Name: SANON, MAGGIE
Address: 8033 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition
Name: BURTON, SHARON
Address: 112 CAYO COSTA CT.
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: JANICE S. COVER PD 04/19/2009

Electronic Signature of Signing Officer or Director — Date