

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004197

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**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  
**Name:** COVER, JANICE S ED.D  
**Address:** 8033 PELICAN HARBOR DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** VD  
**Name:** GRANDISON, MARSHA  
**Address:** 8033 PELICAN HARBOUR DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** TD  
**Name:** BURTON, SHARON  
**Address:** 112 CAYO COSTA CT.  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** SD  
**Name:** NARINESINGH, TERRENCE  
**Address:** 8033 PELICAN HARBOUR DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

**SIGNATURE:** JANICE S. COVER

PD

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date