

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004691

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** THE CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

330 3RD ST  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120930  
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number:** 71-1005993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, MILTON L  
330 3RD ST  
CLERMONT, FL 34711 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: THOMPSON, MILTON L  
Address: 1516 SUNSET VILLAGE BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: VP ( ) Delete  
Name: BARRETT, CHRISTOPHER  
Address: 2785 FALCON RIDGE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: CAMPBELL, NEVILLE N  
Address: 1431 LAKEMIST LN  
City-St-Zip: CLERMONT, FL 34711 US

Title: D ( ) Delete  
Name: POWELL, BASIL  
Address: 1701 TURNSTONE WAY  
City-St-Zip: CLERMONT, FL 34711 US

Title: D ( ) Delete  
Name: WALLACE, INEZ  
Address: 16516 ARROW HEAD TRAIL  
City-St-Zip: CLERMONT, FL 34711 US

Title: D ( ) Delete  
Name: GREEN, JESSICA  
Address: 1519 PRESIDIO DR  
City-St-Zip: CLERMONT, FL 34711 US

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

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

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

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

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

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: MILTON L THOMPSON

P

04/08/2009

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

\_\_\_\_\_  
Date