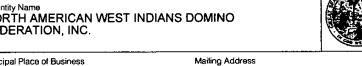
## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000010603



**FILED** Mar 12, 2007 8:00 am Secretary of State

NORTH AMERICAN WEST INDIANS DOMINO FEDERATION, INC.				03	-12-2007 90084 (	)32 ****61	1.25	
Principal Place of Business 6101 STEBBINS AVENUE 6101 STEBBINS AVENUE 0RLANDO, FL 32808 Mailing Address 6101 STEBBINS AVENUE 0RLANDO, FL 32808			UE					
		T						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			LICI BERIN EBNIH BERIN ERIMI HELIF E		E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052007 Chg-NP CR2E037 (12/06)				
City & State		City & State		4. FEI Number			plied For Applicable	
Zip	Country	Zip	Zip Country		tus Desired	\$8.75 Add Fee Required	itional	
<del> </del>	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered			
CAVEN, G	ILEN O		Name					
6101 STEBBINS AVENUE ORLANDO, FL 32808			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	,		City		FL	Zip Code		
A The above	named entity submits this statement for	or the purpose of changing its	s registered office or regist	tered agent, or both, in the			and accept	
	tions of registered agent.			•				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOI	E: Registered Agent signature requi	red when reinstating)	DATE			
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co			mpaign Financing Contribution.	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME	P CAVEN, GLEN O	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	6101 STEBBINS AVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP				□ Addition	
TITLE NAME	V SIMPSON, WAYNE	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	8522 GARNET AVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	***		☐ Change	X Addition	
TITLE NAME	ACTIE, ARLENE	☐ Delete	TITLE S				A Padallon	
STREET ADDRESS	4014 MIDDLEBROOK RD.		STREET ADDRESS CITY-ST-ZIP				Į	
CITY-ST-ZIP	ORLANDO, FL 32811	Delete	TITLE			☐ Change	Addition	
NAME	RICHARDSON, STEPHANIE	pa cook	NAME			_ ,		
STREET ADDRESS	3610 JOHNSON ST. ORLANDO, FL 32805		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	AS	Delete	TITLE	<del> </del>		☐ Change	☐ Addition	
NAME	MCNAUGHTON, JEWEL		NAME					
STREET ADDRESS CITY-ST-ZIP	819 N. PINE HILLS RD. ORLANDO, FL 32808		STREET ADDRESS CITY-ST-ZIP					
TITLE	D D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MOODY, BEATRICE		NAME					
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32808		STREET ADDRESS City-St-Zip					
	certify that the information supplied wit	h this Clina door not qualify f	or the exemptions contain	ed in Chanter 119 Flori	da Statutes. I further ce	rtify that the in	tormation	
	certify that the information supplied will d on this report or supplemental report proporation or the receiver or trustee ent d, or on an attachment with an address,							
	d on this report or supplemental report proporation or the receiver or trustee end, or on an attachment with an address,		my signature snail have tr it as required by Chapter 6 d.		d that my name appears			