

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008166

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CARIBBEAN ALL-HAZARDS ASSOCIATION, INC.

## Current Principal Place of Business:

2910 KERRY FOREST PKWY D4-388  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

2910 KERRY FOREST PKWY D4-388  
TALLAHASSEE, FL 32309

## New Mailing Address:

FEI Number: 26-3283480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BESSE, TERI M  
6459 CAVALCADE TRAIL  
TALLAHASSEE, FL 32309 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: LECKNER, MARIANA  
Address: 52 WOODBOURNE DRIVE  
City-St-Zip: SOUTHAMPTON, PA 18966 US

Title: VP ( ) Delete  
Name: WALCH, JUDY  
Address: 8734 SW 46TH LANE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D ( ) Delete  
Name: MARTENS, PAUL  
Address: PO BOX 1075  
City-St-Zip: PHILIPSBURG, SINT MAARTEN, SM 00000 NA

Title: C ( ) Delete  
Name: BESSE, TERI  
Address: 2910 KERRY FOREST PKWY D4-388  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: HAINES, DEREK  
Address: PO 30611  
City-St-Zip: GRAND CAYMAN, CI 00000 CI

Title: D ( ) Delete  
Name: THOMAS, DEBBIE  
Address: 2212 HARDING STREET  
City-St-Zip: HOLLYWOOD, FL 33020 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: TERI BESSE

C

04/15/2009

Electronic Signature of Signing Officer or Director

Date