

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N08000008824

Entity Name: CARIBBEAN CAUSE FOUNDATION, INC.

**Current Principal Place of Business:**

800 DRUID ROAD WEST  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

800 DRUID ROAD WEST  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

FULLER, JODI  
800 DRUID ROAD WEST  
CLEARWATER, FL 33756      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:                      D                      ( ) Delete  
Name:                      FULLER, JODI  
Address:                      800 DRUID ROAD WEST  
City-St-Zip:                      CLEARWATER, FL 33756

Title:                      D                      ( ) Delete  
Name:                      FULLER, ALLIE  
Address:                      800 DRUID ROAD WEST  
City-St-Zip:                      CLEARWATER, FL 33756

Title:                      D                      ( ) Delete  
Name:                      FULLER, REYNOLDS  
Address:                      800 DRUID ROAD WEST  
City-St-Zip:                      CLEARWATER, FL 33756

**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:

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: JODI FULLER

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

AGEN

01/06/2009

\_\_\_\_\_  
Date