


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 003 \*\*\*\*61.25

<b>DOCUMENT # N08177</b>	
1. Entity Name <b>THE CARIBBEAN-AMERICAN ALLIANCE OF FLORIDA, INC.</b>	

Principal Place of Business <b>MEET AT</b> <b>674 SILVER SPRINGS SHORES PRESBYTERIAN CHURCH</b> <b>580 SILVER ROAD</b> <b>OCALA FL 34472</b>	Mailing Address <b>P.O. BOX 830763</b> <b>OCALA FL 34472</b> <b>US</b>
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2. Principal Place of Business <b>SILVER SPRINGS SHORES</b>	3. Mailing Address <b>674 SILVER ROAD</b>
<b>PRESBYTERIAN CHURCH</b> <b>674 SILVER ROAD</b>	Suite, Apt. #, etc. <b>PO BOX 830763</b>
City & State <b>OCALA FL</b>	City & State <b>OCALA FL</b>
Zip <b>34472</b>	Country <b>USA</b>
Zip <b>34483</b>	Country <b>USA</b>

1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOTTIN, RAPHAEL</b> <b>549 SILVER COURSE CIRCLE</b> <b>OCALA FL 34472</b>	

7. Name and Address of New Registered Agent	
Name <b>INEZ MARSTON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>32 PINE TRACE LOOP</b>	
City <b>OCALA</b>	Zip Code <b>FL 34472</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Inez Marston* DATE 4/27/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMMONS, CLAYTON</b> <b>4 PALM RUN</b> <b>OCALA FL 34472</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONWAY, MILDRED</b> <b>37 PINE CIRCLE</b> <b>OCALA FL 34472</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MAKSTON, INEZ</b> <b>32 PINE TRACE LOOP</b> <b>OCALA FL 34472</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONWAY, MILDRED</b> <b>37 PINE CIR</b> <b>OCALA FL 34472</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, DOROTHY</b> <b>9350 BAHIA ROAD</b> <b>OCALA FL 34472</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAPHAEL DOTTIN</b> <b>549 SILVER COURSE CIRCLE</b> <b>OCALA FL 34472</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>INEZ MARSTON</b> <b>32 PINE TRACE LOOP</b> <b>OCALA FL 34472</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALMA THOMAS</b> <b>4620 SW 42 STREET</b> <b>OCALA FL 34474</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JUDITH BULLEN</b> <b>1815 SE 14<sup>TH</sup> AVENUE</b> <b>OCALA FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER AT LARGE (BOARD)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOROTHY JACKSON</b> <b>9350 BAHIA ROAD</b> <b>OCALA FL 34472</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LENA LEWIN</b> <b>1815 SE 14<sup>TH</sup> AVENUE</b> <b>OCALA FL 34471</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith Bullen* (JUDITH BULLEN) April 26 2006 (352) 401 1285