

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08177

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE CARIBBEAN-AMERICAN ALLIANCE OF FLORIDA, INC.(CAAFL)

Current Principal Place of Business:

SILVER SPRINGS SHORES PRES. CHURCH
674 SILVER RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830763
OCALA, FL 344830763 US

New Mailing Address:

FEI Number: 06-1804344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ALMA (STONE)
4620 SW 42ND STREET
OCALA, FL 34474 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: PC () Delete
Name: THOMAS, ALMA (STONE)
Address: 4620 SW 42ND STREET
City-St-Zip: Ocala, FL 34474

Title: VP () Delete
Name: GRIFFITH, WILBUR
Address: 2 HICKORY TRK TERRACE
City-St-Zip: Ocala, FL 34472

Title: S () Delete
Name: BULLEN, JUDITH
Address: 1815 SE 14TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: AS () Delete
Name: LEWIN, LENA
Address: 1815 SE 14TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: MARSTON, INEZ
Address: 32 PINE TRACE LOOP
City-St-Zip: Ocala, FL 34472

Title: PR () Delete
Name: MADDIX, NORMAN W
Address: 4966 SW 107TH LOOP
City-St-Zip: Ocala, FL 34476

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: T (X) Change () Addition
Name: DORRICK, NURSE
Address: 12854 SW 35 AVENUE ROAD
City-St-Zip: Ocala, FL 34473

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: ALMA STONE THOMAS

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date