

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08177

FILED
Feb 19, 2010
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
Name: THOMAS, ALMA (STONE)
Address: 4620 SW 42ND STREET
City-St-Zip: Ocala, FL 34474

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

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

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

Title: T
Name: DORRICK, NURSE
Address: 12854 SW 35 AVENUE ROAD
City-St-Zip: Ocala, FL 34473

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

I hereby 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 all other like empowered.

SIGNATURE: ALMA STONE-THOMAS

MRS

02/19/2010

Electronic Signature of Signing Officer or Director

Date