

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004515

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** CARIBBEAN AMERICAN HERITAGE COUNCIL, INC

**Current Principal Place of Business:**

3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CLARKE, FAITH  
3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL 32301 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  
Name: CLARKE, FAITH  
Address: 3048 CAMELLIAWOOD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DIR  
Name: JONES, AUDREY  
Address: 2415 OLD ST AUGUSTINE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DIR  
Name: RIDLEY, PAMELA  
Address: 3116 W THARPE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

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: FAITH CLARKE

P

04/30/2010

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

\_\_\_\_\_  
Date