

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90012 017 ****61.25

DOCUMENT # N17388

1. Entity Name

**CARIBBEAN AMERICAN CULTURE ORGANIZATION OF
ST. PETERSBURG, FLORIDA INCORPORATED**



Principal Place of Business

**965 CENTRAL AVE
ST PETERSBURG FL 33705
US**

Mailing Address

**P.O. BOX 10817
ST. PETERSBURG FL 33733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3079379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLERY, GEORGE
4651 25
A15
ST. PETERSBURG FL 33712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHARLERY, GEORGE ☐ Delete
STREET ADDRESS 4651 25 AS
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MOORE, JOSLIN ☐ Delete
STREET ADDRESS 2025 64TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME KILLENS, ANNE ☐ Delete
STREET ADDRESS 2224 16TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME HAMILTON, WILLIAM B ☐ Delete
STREET ADDRESS 1927 QUINCY ST SO.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SANDY, MICHAEL W ☐ Delete
STREET ADDRESS 2000 16TH ST SO.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ST ROSE, JOSEPH ☐ Delete
STREET ADDRESS 4657 21ST AVE SO.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anne L. Killen (Secy) 8/4/04 727-822-6015

Attachment
#N17388
#4051684

Please the same - Please
forgive me. Our trip seems that
we are nearly to the end of
these papers with the trip done.