

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2007 90024-008 \$61.25-\$61.25

FILED

2007 OCT -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country		City & State 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 CHARLERY, GEORGE 4651 25 A15 ST. PETERSBURG FL 33712	
7. Name and Address of New Registered Agent 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 <u><i>Anne Killen</i></u> (Secretary) 8/28/07 Signature, typewritten name of registered agent and title if applicable (NOTE: Registered Agents signature required when reappointing) DATE	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLERY, GEORGE 4651 25 AS ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JOSLIN 2025 84TH AVE SOUTH ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILLENS, ANNE 2224 16TH AVE SOUTH ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, WILLIAM B 1927 QUINCY ST SO. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY, MICHAEL W 2000 16TH ST SO. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST ROSE, JOSEPH 4657 21ST AVE SO. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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: <u><i>Anne Killen</i></u> (Secretary) 8/28/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dyinge Photo #					