2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17388

1. Entity Name

CARIBBEAN AMERICAN CULTURE ORGANIZATION OF ST. P ETERSBURG, FLORIDA INCORPORATED

Principal Plac	e of Business	Mailing A	Mailing Address							
965 CENTRAL AVE ST PETERSBURG FL 33705 US			P.O. BOX 10817 ST. PETERSBURG FL 33733							
	· · · · · · · · · · · · · · · · · · ·									
2. Principal P	Place of Business	3. Mailing	Address						AN ANDIN NEEK	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	- میت را نیور یا نیور ۱	City &	City & State			4. FEI.Number 59-3079379 Applied For Not Applicable				
Zip	Country	Zip		Çou	intry	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Currer	nt Registered A	gent			7. Name and Add	ress of New Registered	Agent	····	
		·			Name					
CHARLERY, GEORGE 4651 25					Street Address	(P.O. Box Number is N	lot Acceptable)			
4 A15										
ST. PETERSBURG FL 33712					City	<u></u>	Fl	Zip Cod	e	
8. The above	named entity submits this statement	for the purpose	of changing its	registere	ed office or registe	ered agent, or both, in t	the State of Florida. I am	familiar with,	and accept	
	tions of registered agent.			-						
, :										
SIGNATURE	Signature, typed or printed name of registered age	nt and title if configur	alo (NOT	E. Begistere	d Agent signature require	act when reinstation)	DATE			
	Signature, typed or printed flame of registered age	nt and the it applicat		. Hegisteret	o Agent alghatore require	·				
	Ell E NOW, EEE 10 001 26		• Floriton Cor	masian E	inonoina	65.00	Make Chec	k Pavahla	to	
FILE NOW: FEE IS \$61.25 9. Election Co. After September 10, 2003, min will be \$236.25			Trust Fund (· –	\$5.00 May Be Added to Fees	Florida Depai			
Mitel Dep	· · · · · · · · · · · · · · · · · · ·	,200.20				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	riorida Dopai			
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	l 10	
TITLE	PD		☐ Delete	TITLE				Change	Addition	
NAME	CHARLERY, GEORGE			NAM	E					
STREET ADDRESS	4651 25 AS				ET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL			CITY	-ST-ZIP				<u></u> .	
TITLE	\VD		Delete	TITLE				☐ Change	☐ Addition	
NAME	MOORE, JOSLIN		1245 125-73		E TOMANIA AND THE		المنافئ والمستعيد والمستعيد			
STREET ADDRESS	2025 64TH AVE SOUTH				ET ADDRESS - ST-ZIP		•			
CITY-ST-ZIP	ST. PETERSBURG FL					·····				
TITLE	TD		Delete	TITLE				☐ Change	☐ Addition	
NAME	KILLENS, ANNE			NAM	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	2224 16TH AVE SOUTH				-ST-ZIP					
	ST. PETERSBURG FL SD		D Delete	TITLE		·		Change	Addition	
TITLE NAME	HAMILTON, WILLIAM B		☐ Delete	NAMI				C Ollarigo	Nation	
STREET ADDRESS	1927 QUINCY ST SO.				ET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL			CITY	-ST-ZIP					
TITLE	D D			7171.5					☐ Addition	
NAME			L.I. Delete	TITLE				Change		
	SANDY, MICHAEL W		☐ Delete	NAMI	I			unange	Addition	
STREET ADDRESS	SANDY, MICHAEL W 2000 16TH ST SO.		L Delete	NAM	I			unange	Addition	
	2000 16TH ST SO.		∟ Delete	NAMI STRE	E			unange	Addition	
STREET ADDRESS				NAMI STRE	EET ADDRESS -ST-ZIP			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2000 16TH ST SO. ST. PETERSBURG FL		□ Delete	NAMI STRE CITY	E EET ADDRESS -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.

CITY-ST-ZIP

SIGNATURE:

ST. PETERSBURG FL

france A SECHITELEN

822-6015

FILED

Jul 18, 2003 8:00 am Secretary of State

07-18-2003 90081 032 ****61.25