

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23783 (6)

1. Corporation Name

CENTRAL FLORIDA WEST INDIAN AMERICAN CARNIVAL AS
SOCIATION, INC.



Principal Place of Business

Mailing Address

1828 COLUMBINE DRIVE
ORLANDO FL 32818
US

1828 COLUMBINE DRIVE
ORLANDO FL 32818
US

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

12/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUMBS, GLORIA C
1828 COLUMBINE DR
ORLANDO FL 32818

81 Name

same as above

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

300001829513

83

-05/20/96--01051--004

84 City

FL

85 Zip Code

8.75

FL

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

M

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD ☒ DELETE
NAME GILBERT, JOHNSON
STREET ADDRESS 4833 UTE STREET
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D President ☒ Change ☐ Addition
1.2 NAME Chandler-Gumbs, Gloria
1.3 STREET ADDRESS 1828 Columbine Drive
1.4 CITY-ST-ZIP Orlando, FL 32818

TITLE VPD ☐ DELETE
NAME O'CONNOR, JULIA
STREET ADDRESS 3024 N. POWERS DR., #150
CITY-ST-ZIP ORLANDO FL

2.1 TITLE D Vice President ☒ Change ☐ Addition
2.2 NAME Gilbert, Johnson
2.3 STREET ADDRESS 4833 Ute Street
2.4 CITY-ST-ZIP Orlando, FL 32818

TITLE T ☐ DELETE
NAME SULLIVAN, LEO A.
STREET ADDRESS 1265 S SEMORAN BL., BLDG. #4
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE D Treasurer ☐ Change ☒ Addition
3.2 NAME MAUREEN BRIZAN
3.3 STREET ADDRESS 4732 BEACON STREET
3.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE SD ☐ DELETE
NAME GUMBS, GLORIA CHANDLER
STREET ADDRESS 1828 COLUMBINE DR.
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME LEO A. SULLIVAN
4.3 STREET ADDRESS 1265 S. SEMORAN BLVD, STE 1250, BLDG #4
4.4 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Assist. Secretary ☒ Change ☐ Addition
5.2 NAME O'Connor, Julia
5.3 STREET ADDRESS 3024 N. Powers Dr., #150
5.4 CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME 100001829511
6.3 STREET ADDRESS -05/20/96--01051--003
6.4 CITY-ST-ZIP ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria Chandler Gumbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Chandler-G

3/6/96

4/8/96

407-646-2354

Daytime Phone #

CR2E037 (12/95)