

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90005 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                                     |                                                                     |                                                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N26449</b><br>1. Entity Name<br><b>GRENADA CULTURAL AND CIVIC ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                     |                                                                     |                                                                                                                   |                                                                              |
| Principal Place of Business<br><b>P O BOX 693090</b><br><b>MIAMI, FL 33269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                                                                     | Mailing Address<br><b>P.O. BOX 693090</b><br><b>MIAMI, FL 33269</b> |                                                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                           |                                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                                                     | City & State                                                        |                                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | Country                                                                                                             |                                                                     | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                                     |                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                            |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>NEDD, KENNETH J.</b><br><b>1460 N.W. 196 TERRACE</b><br><b>MIAMI, FL 33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                     |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                     |                                                                     | FL Zip Code                                                                                                       |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                     |                                                                     |                                                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                     | Make check payable to<br><b>Florida Department of State</b>                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRES</b><br><b>ALLICK, ELIZABETH</b><br><b>21220 N MIAMI AVE</b><br><b>MIAMI, FL 33169</b>   | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>PRESIDENT</b><br><b>JULIEN-HOOD MICHAEL</b><br><b>2306 SUNSHINE BLVD</b><br><b>MIRAMAR, FL 33023</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>COARD, PAUL</b><br><b>15320 NE 5 AVE</b><br><b>NORTH MIAMI, FL 33182</b>        | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>VICE PRESIDENT</b><br><b>MARECHEAU ARTHUR</b><br><b>2131 ACAPULCO DRIVE</b><br><b>MIRAMAR, FL 33023</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TREA</b><br><b>THORNE, ERIC</b><br><b>624 NW 157 LANE</b><br><b>PEMBROKE PINES, FL 33028</b> | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>TREASURER</b><br><b>ALLICK ELIZABETH</b><br><b>21220 N. MIAMI AVE</b><br><b>MIAMI, FL 33169</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SECY</b><br><b>DECOTEAU, COLLIS A</b><br><b>16070 SW 72 TER</b><br><b>MIAMI, FL 33183</b>    | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>SECRETARY</b><br><b>LEWIS BRENDA</b><br><b>1521 N.W. 179TH TERR</b><br><b>MIAMI, FL 33169</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>ASS'T SECY/TREA</b><br><b>JAMES ANTHEA</b><br><b>71 N.W. 163RD STREET</b><br><b>MIAMI, FL 33169</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |                                                                                                 |                                                                                                                     |                                                                     |                                                                                                                   |                                                                              |
| <b>SIGNATURE: <u>Brenda Lewis</u> BRENDA LEWIS 3/05/07 (305) 620-9521</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                                                                     |                                                                     |                                                                                                                   |                                                                              |

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