


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90279 021 \*\*\*\*61.25

<b>DOCUMENT # N35263</b> 1. Entity Name <b>CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES INC.</b>					
Principal Place of Business <b>ST. ANSELM CHURCH HALL 2201 E 6 ST LEHIGH ACRES, FL 33972 US</b>			Mailing Address <b>804 E PENN RD LEHIGH ACRES, FL 33936 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0163140</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FFRENCH, EDNA 804 E. PENN ROAD LEHIGH ACRES, FL 33936</b>				Name <b>EDNA FERENCH</b> Street Address (P.O. Box Number is Not Acceptable) <b>804 PENN ROAD</b> City <b>LEHIGH ACRES</b> <b>FL</b> Zip Code <b>33936</b>	
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 <i>Edna French</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 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>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SPOONER, DARNLEY 5313 LEE STREET LEHIGH ACRES, FL 33971</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JANICE LEVINE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>503 EDINBURGH DR. FT. MYERS, FL 33919</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WEDDERBURN, SEPTIMLLS 2403 EDGEWATER WAY LEHIGH ACRES, FL 33972</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BIENVENIDO GIBBS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>112 COLUMBUS AVE LEHIGH ACRES, FL 33972</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT ROCHESTER, ALMA 1427 SCENIC ST LEHIGH ACRES, FL 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS CARMONA, CHERYL 507 CANTON AVE LEHIGH ACRES, FL 33972</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS EDNA FERENCH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 PENN RD LEHIGH ACRES, FL 33936</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <i>Janice Levine</i> <b>JANICE LEVINE</b> <b>239-433-1369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					