

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35263

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES INC.

**Current Principal Place of Business:**

ST. ANSELM CHURCH HALL  
2201 E 6 ST  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1055  
LEHIGH ACRES, FL 33970 US

**New Mailing Address:**

**FEI Number:** 65-0163140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, AURA  
14170 ROOF ST.  
FT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LEVINE, JANICE  
Address: 503 EDINBURGH DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: DV  
Name: WILSON, HEADLEY  
Address: 14170 ROOF ST.  
City-St-Zip: FT. MYERS, FL 33905

Title: DT  
Name: WILSON, AURA  
Address: 14170 ROOF ST.  
City-St-Zip: FT. MYERS, FL 33905

Title: DS  
Name: MORGAN, GLORIA  
Address: 320 COLUMBUS AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AURA WILSON

DT

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date