

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38923 (1)**  
1. Corporation Name  
**CARIBBEAN AMERICAN FRIENDSHIP CLUB, INC.**

Principal Place of Business Mailing Address  
**648 ROYAL PALM BEACH BOULEVARD  
SUITE 192  
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1990** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **65-0231713** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **128 DOVE CIRCLE** 26 **PO Box 210512**  
22 Suite, Apt. #, etc. 27 **PO Box 210512**  
23 **Royal Palm Beach FL** 28 **Royal Palm Beach FL**  
24 **33411** 25 **ALUM BEACH** 29 **33421** 30 **PALM BEACH**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCMORRIS, GRETA  
% C.A.F.C.I.  
648 ROYAL PALM BEACH, SUITE 192  
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent  
81 Name **GRETA MC MORRIS**  
82 Street Address (P.O. Box Number is Not Acceptable) **128 DOVE CIRCLE**  
83  
84 City **ROYAL PALM BEACH** FL 85 Zip Code **33404**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, ERNEST	1.2 NAME	
STREET ADDRESS	129 ELYSIUM DRIVE	1.3 STREET ADDRESS	<b>129 ELYSIUM DRIVE (SPELLING ONLY)</b>
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIN-DAVIS, RHONDA	2.2 NAME	<b>SHARPE - PAUL, JANNETTE</b>
STREET ADDRESS	108 SANTANDER COURT	2.3 STREET ADDRESS	<b>702 LAKEVIEW DRIVE</b>
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b> <b>(DELETE RHONDA)</b>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HYACINTH	3.2 NAME	
STREET ADDRESS	155 CORDOBA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	<b>FL</b>
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMORRIS, GRETA	4.2 NAME	
STREET ADDRESS	128 DOVE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	4.4 CITY-ST-ZIP	<b>FL</b>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIN, VIVIAN	5.2 NAME	
STREET ADDRESS	189 NATCHEZ TRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	5.4 CITY-ST-ZIP	<b>FL</b>
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE-PAUL, JANNETTE	6.2 NAME	<b>WEATHERS, LIVINGSTON</b>
STREET ADDRESS	702 LAKEVIEW DRIVE	6.3 STREET ADDRESS	<b>123 BARCELONIA ST</b>
CITY-ST-ZIP	ROYAL PALM BEACH FL	6.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Greta L. Mc Morris Date: 4/26/95 Daytime Phone #: 407-795-1310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR