

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **128 DOVE CIRCLE ROYAL PALM BEACH FL 33411 US**
Mailing Address: **PO BOX 210512 ROYAL PALM BEACH FL 33421 US**

3. Date Incorporated or Qualified: **07/03/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **65-0231713**
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
**MCMORRIS, GRETA
128 DOVE CIRCLE
ROYAL PALM BEACH FL 33404**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, ERNEST	1.2 NAME	Sharpe-Paul, Jannette
STREET ADDRESS	129 ELYSIUM DR	1.3 STREET ADDRESS	702 Lakeview Drive
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPE-PAUL, JANNETTE	2.2 NAME	Ferrin-Davis, Rhonda
STREET ADDRESS	702 LAKEVIEW DR	2.3 STREET ADDRESS	108 Santander Court
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, HYACINTH	3.2 NAME	Sutherland, Janie
STREET ADDRESS	155 CORDOBA CIRCLE	3.3 STREET ADDRESS	274 Ponce De Leon Street
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	TD <input type="checkbox"/> DELETE	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	200001795682
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	-04726796--01021--000 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIN, VIVIAN	5.2 NAME	***61.25
STREET ADDRESS	188 NATCHEZ TRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERS, LIVINGSTON	6.2 NAME	Baxter, Samuel
STREET ADDRESS	123 BARCELONIA ST	6.3 STREET ADDRESS	14841 Stirrup Lane
CITY-ST-ZIP	ROYAL PALM BEACH FL	6.4 CITY-ST-ZIP	Wellington, FL 33414

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: Quita Mc Morris Date: 3/19/96 Daytime Phone #: 407-795-1310

CR2E037 (12/95)

4/20/96