

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) and 2a. Mailing Address (26-30) fields.

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 (81-85) fields.

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: TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCMORRIS, GRETA		4.2 NAME: Baxter, Samuel	
STREET ADDRESS: 128 DOVE CIRCLE		4.3 STREET ADDRESS: 14841 Stirrup Lane	
CITY-ST-ZIP: ROYAL PALM BEACH FL		4.4 CITY-ST-ZIP: Wellington, FL 33414	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FERRIN, VIVIAN		5.2 NAME: Ferrin, Vivian	
STREET ADDRESS: 188 NATCHEZ TRACE		5.3 STREET ADDRESS: 188 Natchez Trace	
CITY-ST-ZIP: ROYAL PALM BEACH FL		5.4 CITY-ST-ZIP: ROYAL PALM BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEATHERS, LIVINGSTON		6.2 NAME: Weathers, Livingston	
STREET ADDRESS: 123 BARCELONIA ST		6.3 STREET ADDRESS: 123 Barcelona St	
CITY-ST-ZIP: ROYAL PALM BEACH FL		6.4 CITY-ST-ZIP: ROYAL PALM BEACH FL	

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

CR2E037 (12/95)

4/20/96