

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33421-0512 US
--	---

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0231713	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
3. Date Incorporated or Qualified 07/03/1990		3a. Date of Last Report 04/25/1996	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
			85. Zip Code FL 33411

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 172 HEATHERWOOD DRIVE	
CITY-ST-ZIP ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP ROYAL PALM BEACH FL 33411	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input 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 type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUTHERLAND, JANIE		3.2 NAME LOGAN, LAWRENCE	
STREET ADDRESS 274 PONCE DE LEON ST.		3.3 STREET ADDRESS 100 KINGWAY	
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	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRIN, VIVIAN		5.2 NAME	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAXTER, SAMUEL		6.2 NAME GARVEY, ERNEST	
STREET ADDRESS 14841 STIRRUP LANE		6.3 STREET ADDRESS 129 ELYSIUM DRIVE	
CITY-ST-ZIP WELLINGTON FL		6.4 CITY-ST-ZIP ROYAL PALM BEACH FL 33411	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REQUIRED *Ernest Garvey* 4/28/97. 561 848-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045298

CR2E037 (9/96)