


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 US |
|--|--|

3. Date Incorporated or Qualified
07/03/1990

4. FEI Number
65-0231713

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MCMORRIS, GRETA
128 DOVE CIRCLE
ROYAL PALM BEACH FL 33411**

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 | | |
|----------------------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GARVEY, ERNEST | |
| STREET ADDRESS | 129 ELYSIUM DR | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SHARPE-PAUL, JANNETTE | |
| STREET ADDRESS | 172 HEATHERWOOD DRIVE | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SUTHERLAND, JANIE | |
| STREET ADDRESS | 274 PONCE DE LEON ST. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MCMORRIS, GRETA | |
| STREET ADDRESS | 128 DOVE CIRCLE | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FERRIN, VIVIAN | |
| STREET ADDRESS | 188 NATCHEZ TRACE | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAXTER, SAMUEL | |
| STREET ADDRESS | 14841 STIRRUP LANE | |
| CITY-ST-ZIP | WELLINGTON FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|----------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FERRIN, VIVIAN | |
| 1.3 STREET ADDRESS | 188 NATCHEZ TRACE | |
| 1.4 CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| 2.1 TITLE | Y | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LOGAN, LAWRENCE | |
| 2.3 STREET ADDRESS | 100 KINGSWAY | |
| 2.4 CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | FERRIN-DAVIS, RHONDA | |
| 3.3 STREET ADDRESS | 2131 F. ROAD | |
| 3.4 CITY-ST-ZIP | LOXATHATCHEE FL 33470 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | WEATHERS, LIVINGSTON | |
| 5.3 STREET ADDRESS | 123 BARCELONA DRIVE | |
| 5.4 CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: Ernest Garvey **ERNEST GARVEY** 4/27/98 561 444 402

CFR2037 (10/97)