

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

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	Applied For <input type="checkbox"/>
4. FEI Number 65-0231713	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30 Country
--	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 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)