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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N38923

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/03/1990

4. FEI Number

65-0231713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 |
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FERRIN, V | |
| STREET ADDRESS | 188 NATCHEZ TR | |
| CITY-ST-ZIP | ROYAL PALM BCH FL 33411 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LOGAN, L | |
| STREET ADDRESS | 100 KINGWAY | |
| CITY-ST-ZIP | RPB FL 33411 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FERRIN, DAVIS R | |
| STREET ADDRESS | 2131 F ROAD | |
| CITY-ST-ZIP | LOXATHACHEE FL 33470 | |
| 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 | WEATHERS, L | |
| STREET ADDRESS | 123 BARCELONA DR | |
| CITY-ST-ZIP | RPB FL 33411 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LOGAN, L. | |
| 1.3 STREET ADDRESS | 100 KINGSWAY | |
| 1.4 CITY-ST-ZIP | ROYAL PALM BEACH, FL. 33411 | |
| 2.1 TITLE | V. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MARTIN, N. | |
| 2.3 STREET ADDRESS | 106 Paseo Ct. | |
| 2.4 CITY-ST-ZIP | ROYAL PALM BEACH, FL. 33411 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | FERRIN, V. | |
| 6.3 STREET ADDRESS | 188 NATCHEZ TR. | |
| 6.4 CITY-ST-ZIP | ROYAL PALM BEACH, FL. 33411 | |

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, with all other like empowered.

SIGNATURE:

Greta MCMORRIS
 SIGNATURE (GRETA MCMORRIS)

4-20-99 561 795-1310

Date

Daytime Phone #

CR2E037 (11/98)