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Apr 26, 1999 8:00 am  
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04-26-1999 90208 042 \*\*\*\*61.25

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 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

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  
NAME FERRIN, V  
STREET ADDRESS 188 NATCHEZ TR  
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE V  
NAME LOGAN, L  
STREET ADDRESS 100 KINGWAY  
CITY-ST-ZIP RPB FL 33411

TITLE SD  
NAME FERRIN, DAVIS R  
STREET ADDRESS 2131 F ROAD  
CITY-ST-ZIP LOXATHACHEE FL 33470

TITLE TD  
NAME MCMORRIS, GRETA  
STREET ADDRESS 128 DOVE CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE D  
NAME WEATHERS, L  
STREET ADDRESS 123 BARCELONA DR  
CITY-ST-ZIP RPB FL 33411

TITLE D  
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  
1.2 NAME LOGAN, L.  
1.3 STREET ADDRESS 100 KINGWAY  
1.4 CITY-ST-ZIP ROYAL PALM BEACH, FL. 33411

2.1 TITLE V  
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  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 561 795-1310

Date

Daytime Phone #

CR2E037 (11/98)