

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46035

FILED  
Feb 17, 2005  
Secretary of State

**Entity Name:** CARIBBEAN CULTURAL COMMITTEE, INC.

**Current Principal Place of Business:**

PO BOX 52332  
JACKSONVILLE, FL 32201

**New Principal Place of Business:**

PO BOX 52332  
JACKSONVILLE, FL 32201 US

**Current Mailing Address:**

PO BOX 52332  
JACKSONVILLE, FL 32201

**New Mailing Address:**

PO BOX 52332  
JACKSONVILLE, FL 32201 US

**FEI Number:** 59-3138329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLON, FELIX J  
5393 SKYLARK MANOR DRIVE  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLON, FELIX J  
Address: 5393 SKYLARK MANOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VD ( ) Delete  
Name: EDWARDS, ANTHONY  
Address: 7228 ZAPATA DR  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: EDWARDS, BEATRIZ  
Address: 7228 ZAPATA DR  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: COLON, EVELYN  
Address: 5393 SKYLARK MANOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: EDWARDS, ANTHONY  
Address: 4301 CONFEDERATE POINT RD #135  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN COLÓN

SD

02/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date