

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46035

FILED
Aug 06, 2009
Secretary of State

Entity Name: CARIBBEAN CULTURAL COMMITTEE, INC.

Current Principal Place of Business:

5393 SKYLARK MANOR DRIVE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 52332
JACKSONVILLE, FL 32201 US

New Mailing Address:

FEI Number: 59-3138329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: FELIX J. COLON

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: 9128 JENNIFER LANE
City-St-Zip: JACKSONVILLE, FL 32222

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

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 exemption stated in Chapter 119, 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 L. COLON

SD

08/06/2009

Electronic Signature of Signing Officer or Director

Date