

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 22, 2007 8:00 am
Secretary of State**

02-22-2007 90005 021 ****70.00

DOCUMENT # N46379 1. Entity Name CARIBBEAN AND FLORIDIAN ASSOCIATION INC.																																																																																																																																																											
Principal Place of Business 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746			Mailing Address P. O. BOX 450788 KISSIMMEE, FL 34743																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																																								
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4. FEI Number 59-3131979				Applied For ☐ Not Applicable																																																																																																																																																							
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent SHAW, CASMOPE A 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
8. 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. I am familiar with and accept the obligations of registered agent.				FL Zip Code																																																																																																																																																							
SIGNATURE _____ I, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																																																																																																																																																							
Make check payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12/10</th> </tr> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: center;">☒ Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SHAW, CASMOPE A</td> <td></td> <td>NAME</td> <td>ROBERTS, EUNICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3401 PINERIDGE CIRCLE</td> <td></td> <td>STREET ADDRESS</td> <td>2346 ALBION AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>KISSIMMEE, FL 34746</td> <td></td> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32833</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☒ Delete</td> <td>TITLE</td> <td>VP</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ROBERTS, EUNICE</td> <td></td> <td>NAME</td> <td>MURRELL, VERONICA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2346 ALBION AVE</td> <td></td> <td>STREET ADDRESS</td> <td>755 LEONARDO CT</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32833</td> <td></td> <td>CITY-STATE-ZIP</td> <td>KISSIMMEE, FL 34758</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☒ Delete</td> <td>TITLE</td> <td>SD</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MURRELL, VERONICA</td> <td></td> <td>NAME</td> <td>TOUSSAINT, THELMA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>755 LEONARDO CT</td> <td></td> <td>STREET ADDRESS</td> <td>3220 FAIRFIELD DR</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>KISSIMMEE, FL 34758</td> <td></td> <td>CITY-STATE-ZIP</td> <td>KISSIMMEE, FL 34743</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☒ Delete</td> <td>TITLE</td> <td>T</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CUMMINGS, CORALIE</td> <td></td> <td>NAME</td> <td>ROBINSON, WILFON T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2108 PAPRIKA DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td>7941 GOLDEN POND CIR</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> <td>CITY-STATE-ZIP</td> <td>KISSIMMEE, FL 34747</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CADOGAN, LENNA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2357 OLDFIELD DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ASST</td> <td>☒ Delete</td> <td>TITLE</td> <td>ASST</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CORBIN, DEBRA</td> <td></td> <td>NAME</td> <td>KING, URLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13621 BAYVIEW ISLE DR, APT 203</td> <td></td> <td>STREET ADDRESS</td> <td>12467 BEACONTREE DR</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32824</td> <td></td> <td>CITY-STATE-ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12/10			TITLE	NAME	☒ Delete	TITLE	NAME	☒ Change ☐ Addition	NAME	SHAW, CASMOPE A		NAME	ROBERTS, EUNICE		STREET ADDRESS	3401 PINERIDGE CIRCLE		STREET ADDRESS	2346 ALBION AVE		CITY-STATE-ZIP	KISSIMMEE, FL 34746		CITY-STATE-ZIP	ORLANDO, FL 32833		TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition	NAME	ROBERTS, EUNICE		NAME	MURRELL, VERONICA		STREET ADDRESS	2346 ALBION AVE		STREET ADDRESS	755 LEONARDO CT		CITY-STATE-ZIP	ORLANDO, FL 32833		CITY-STATE-ZIP	KISSIMMEE, FL 34758		TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition	NAME	MURRELL, VERONICA		NAME	TOUSSAINT, THELMA		STREET ADDRESS	755 LEONARDO CT		STREET ADDRESS	3220 FAIRFIELD DR		CITY-STATE-ZIP	KISSIMMEE, FL 34758		CITY-STATE-ZIP	KISSIMMEE, FL 34743		TITLE	T	☒ Delete	TITLE	T	☒ Change ☐ Addition	NAME	CUMMINGS, CORALIE		NAME	ROBINSON, WILFON T.		STREET ADDRESS	2108 PAPRIKA DRIVE		STREET ADDRESS	7941 GOLDEN POND CIR		CITY-STATE-ZIP	ORLANDO, FL 32837		CITY-STATE-ZIP	KISSIMMEE, FL 34747		TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	CADOGAN, LENNA		NAME			STREET ADDRESS	2357 OLDFIELD DR		STREET ADDRESS			CITY-STATE-ZIP	ORLANDO, FL 32837		CITY-STATE-ZIP			TITLE	ASST	☒ Delete	TITLE	ASST	☒ Change ☐ Addition	NAME	CORBIN, DEBRA		NAME	KING, URLA		STREET ADDRESS	13621 BAYVIEW ISLE DR, APT 203		STREET ADDRESS	12467 BEACONTREE DR		CITY-STATE-ZIP	ORLANDO, FL 32824		CITY-STATE-ZIP	ORLANDO, FL 32837	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE: <u>EUNICE V. ROBERTS (PRESIDENT)</u> 2/15/07																																																																																																																																																											