## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46379

FILED Feb 20, 2009 Secretary of State

Entity Name: CARIBBEAN AND FLORIDIAN ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 2346 ALBION AVE ORLANDO, FL 32833 **Current Mailing Address: New Mailing Address:** P. O. BOX 450786 KISSIMMEE, FL 34743 FEI Number: 59-3131979 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, EUNICE 2346 ALBIÓN AVE ORLANDO, FL 32833 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, EUNICE Name: Name: 2346 ALBION AVE Address: Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MURRELL, VERONICA Name: SHAW, CASMORE Name: Address: 755 LEONARDO CT Address: 3401 PINERIDGE CIRCLE City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34746 Title: () Delete Title: SD (X) Change ( ) Addition TOUSSAINT, THELMA MONROE, TRACY Name: Name: 3220 FAIFIELD DRIVE 1795 FIRWOOD COURT Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: ORLANDO, FL 32818 Title: ( ) Delete Title: () Change () Addition Name: ROBINSON, WILFON Name: 7941 GOLDEN POND CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: Title: ( ) Delete Title: AS (X) Change ( ) Addition CADOGAN, LENNA TOUUSAINT, THELMA Name: Name: 3220 FAIRFIELD DRIVE 2357 OLDFIELD DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: KISSIMMEE, FL 34743 Title: ( ) Delete Title: (X) Change ( ) Addition KING, URLA KING, URLA Name: Name: Address: 12467 BEACONTREE DR Address: 12467 BEACONTREE WAY ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 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: URLA KING UK 02/20/2009