

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48017

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** CARICOM SPORTS & SOCIAL CLUB, INC.

**Current Principal Place of Business:**

JACQUEKINE CAMPBELL  
9761 NW 33RD MANOR  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

JACQUELINE CAMPBELL  
9761 NW 33RD MANOR  
SUNRISE, FL 33351 US

**Current Mailing Address:**

PO BOX 450158  
FORT LAUDERDALE, FL 33345 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CAMPBELL, JACQUELINE  
9761 N.W. 33RD MANOR  
SUNRISE, FL 33351 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: CAMPBELL, JACQUELINE,  
Address: 9761 N.W. 33RD MANOR  
City-St-Zip: SUNRISE, FL

Title: MD ( ) Delete  
Name: LYN, DEZLIN,  
Address: 5211 N.W. 26TH STREET, #2  
City-St-Zip: LAUDERHILL, FL 33313

Title: STD ( ) Delete  
Name: CLARKE, PHYLLIS,  
Address: 4730 N.W. 20 CT.  
City-St-Zip: LAUDERHILL, FL

**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:

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: JACQUELINE CAMPBELL

PD

04/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date