FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 JUN 30 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50171 (0)

1. Corporation Name
NORTH FLORIDA CARIBBEAN ORGANIZATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3025 HARPER'S FERRY DR. TALLAHASSEE FL 32309 US	3025 HARPER'S FERRY DR. TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3142804 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GEORGE, AUGUISTE
3242 ALBERT DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: AUGUISTE GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 3025 HARPERS FERRY DR
83
84 City: TALL. FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GEORGE, AUGUISTE	12 NAME	100001530951
STREET ADDRESS	3025 HARPER'S FERRY DR.	13 STREET ADDRESS	-07/06/95--01063--004
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	****155.00 ****155.00
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	HENRY, MARIA	22 NAME	
STREET ADDRESS	5408 TOURAINE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MAURICE, CLYDE	32 NAME	
STREET ADDRESS	3725 FERMANAGH CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		42 NAME	PHILIP ALLEYNE
STREET ADDRESS		43 STREET ADDRESS	2002 VINELAND DR
CITY-ST-ZIP		44 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	6/30/95 MH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CHAIRMAN 6/30/95 671-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027400