

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001775

FILED
Jul 08, 2008
Secretary of State

Entity Name: CARIBBEAN AMERICAN CULTURAL GROUP, INC.

Current Principal Place of Business:

172 NE ST. JAMES DRIVE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

172 NE ST. JAMES DRIVE,
P.O. BOX 8701
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0411523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BIGBY, KINGSLEY
2081 SE FLORESTA DRIVE
PORT ST. LUCIE, FL 34984 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: D () Delete
Name: GODFREY, KARL
Address: 434 SE DOAT ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: DUNCANSON, HOWARD
Address: 468 SW SEAFLOWER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: SANGSTER, TREVOR
Address: 3455 SE HART CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D (X) Delete
Name: STANFORD, ALICIA
Address: 2461 MORNINGSIDE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD (X) Delete
Name: SCOTT, CRESWELL
Address: 5790 NW ZINNIA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Delete
Name: PALMER, LILLIETH
Address: 5441 NW EDGEWATER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GODFREY, KARL
Address: 434 SE DOAT ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

Title: S (X) Change () Addition
Name: BENNETT, VIVIENE
Address: 2162 SW BEST ST
City-St-Zip: PORT ST LUCIE, FL 34984

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: HOWARD DUNCANSON

PD

07/08/2008

Electronic Signature of Signing Officer or Director

Date