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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 4:06

DOCUMENT # N93000005462 (7)

1. Corporation Name

CARIBBEAN CULTURAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10215 CONNECHUSETT ROAD TAMPA FL 33617	10215 CONNECHUSETT ROAD TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-3116916 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA FL 33617	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ASHMEADE, TON	1.2 NAME		
STREET ADDRESS	3222 LAS BRISAS DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	CHANNER, RUPERTIA	2.2 NAME	FRASER, RINSERD	
STREET ADDRESS	10215 CONNECHUSETT ROAD	2.3 STREET ADDRESS	5840 CALINA TRACE	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, ERROL	3.2 NAME	KONG, ELAINE	
STREET ADDRESS	13364 93RD AVE NO	3.3 STREET ADDRESS	4310 SOUTH PARK DRIVE	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	TAMPA FLORIDA 33624	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BURRELL, ELLOREECE	4.2 NAME		
STREET ADDRESS	1821 CANDLESTICK CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, BLOSSOM	5.2 NAME		
STREET ADDRESS	1531 BAKER RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	CHANNER, WILLIAM	6.2 NAME		
STREET ADDRESS	10215 CONNECHUSETT ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617	6.4 CITY-ST-ZIP		

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: William O. Channer Treasurer 03/15/95 (813) 464-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #