FILE NOW: FILING FEE IS $61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33617-3911

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/05/1996

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

4. FEI Number: 59-3116916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes XX No

9. Name and Address of Current Registered Agent

CHANNER, WILLIAM O
10215 CONNECHUSETT ROAD
TAMPA FL 33617

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRASER, ANSERD		1.2 NAME		
STREET ADDRESS	5840 CARINA TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ASHMEADE, TONY		2.2 NAME		
STREET ADDRESS	3222 LAS BRISAS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	XX Change ☐ Addition
NAME	HO, DR. CHRISTINE		3.2 NAME	ROBINSON, FAY U.	
STREET ADDRESS	4202 EAST FOWLER AVENUE		3.3 STREET ADDRESS	2306 FLETCHER POINT CIRCLE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE	SD	☐ DELETE	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	☐ DELETE	5.1 TITLE	SD	XX Change ☐ Addition
NAME	HARRIS, BLOSSOM		5.2 NAME	PARKS, LINNETTE	
STREET ADDRESS	1531 BAKER RD		5.3 STREET ADDRESS	15408 PLANTATION OAKS DRIVE	
CITY-ST-ZIP	LUTZ FL		5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647	
TITLE	TD	☐ DELETE	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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 (WILLIAM O) CHANNER 04/09/97 (813) 464-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048306