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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #1. Corporation Name

N9300005462 (7)

CARIBBEAN CULTURAL ASSOCIATION, INC.

Principal Place of Business Mailing Address 10215 CONNECHUSETT ROAD 10215 CONNECHUSETT ROAD 3. Date incorporated or Qualified TAMPA FL 33617 TAMPA FL 33617 11/29/1993 4. FEI Number Applied For 59-3116916 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Yes Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANNER, WILLIAM O 82 Street Address (P.O. Box Number is Not Acceptable) 10215 CONNECHUSETT ROAD **TAMPA FL 33617** 83 85 Zip Code 84 City 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 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 DELETE 1.1 TITLE Change Addition PD FRASER, ANSERD NAME 1.2 NAME ASHMEADE, TONY **5840 CARINA TRACE** STREET ADDRESS 1.3 STREET ADORESS 3222 LAS BRISAS DRIVE WESLEY CHAPEL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **≥** DELETE TITLE 2.1 TITLE Change 24 Addition ASHMEADE, TONY VD NAME 2.2 NAME LIBURD, 3222 LAS BRISAS DRIVE STREET ADDRESS 2.3 STREET ADDRESS SELWIN 4202 E. TAMPA FL FOWLER CITY-ST-ZIP TAMPA, FL 33620 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition ROBINSON, FAY U NAME 3.2 NAME DRUMMOND, GERALYN 2306 FLETCHER POINT CIR. 33624 STREET ADDRESS 3.3 STREET ADDRESS 10514 WINROCK PLACE. TAMPA, TAMPA FL FU CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition **BURRELL, ELLOREECE** NAME 4. 2 NAME 1821 CANDLESTICK CT STREET ADDRESS 4.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. I 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 officer or director of the corporation or the receiver or trustee empowered block 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

PARKS, LINNETTE

CHANNER, WILLIAM

TAMPA FL 33617

TAMPA FL

15408 PLANTATION OAKS DRIVE

10215 CONNECHUSETT ROAD

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

DELETE

DELETE

1636 CROSSRIDGE DRIVE BRAN.,

BOU-EID, DOLORES

1813 464-2616

Change

Change

Addition

Addition

FILED

Mar 26 1998 8:00am

Secretary of State

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