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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005462

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

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)

3. Date Incorporated or Qualifed: 11/29/1993

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

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	ASHMEADE, TONY		1.2 NAME		
STREET ADDRESS	3222 LAS BRISAS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33569		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LIBURD, SELWIN		2.2 NAME	Robinson, Fay	
STREET ADDRESS	4202 E FOWLER		2.3 STREET ADDRESS	2306 Fletcher Pt. Circle	
CITY-ST-ZIP	TAMPA FL 33620		2.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DRUMMOND, GERALYN		3.2 NAME		
STREET ADDRESS	10514 WINROCK PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
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	☒ Change ☐ Addition
NAME	BOU-EID, DOLORES		5.2 NAME	Jackson, Jacqueline	
STREET ADDRESS	1636 CROSSRIDRE DRIVE		5.3 STREET ADDRESS	710 West Henry Ave.	
CITY-ST-ZIP	BRAN FL 33510		5.4 CITY-ST-ZIP	Tampa, FL 33604	
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 (11/98)

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William O Channer WILLIAM CHANNER 03/27/99 (727)464-8311