

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90656 013 ****70.00

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1. Entity Name

CARIBBEAN CULTURAL ASSOCIATION, INC.



Principal Place of Business

10215 CONNECHUSETT ROAD
TAMPA FL 33617

Mailing Address

10215 CONNECHUSETT ROAD
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3116916

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANNER, WILLIAM O
10215 CONNECHUSETT ROAD
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIMMONS, DERCIL
STREET ADDRESS 5013 KIMBERTON CT
CITY-ST-ZIP TAMPA FL 33647

TITLE VD ☐ Delete
NAME MCDONALD, ALEXANDER
STREET ADDRESS 10902 N. 28TH ST
CITY-ST-ZIP TAMPA FL 33612

TITLE VD ☐ Delete
NAME L'ARMOND, EVIE
STREET ADDRESS 14613 PINE GLEN CIR.
CITY-ST-ZIP LUTZ FL 33549

TITLE SD ☒ Delete
NAME BODIE, BRIGETTE
STREET ADDRESS 18515 PEBBLE LAKE CT
CITY-ST-ZIP TAMPA FL 33647

TITLE SD ☐ Delete
NAME JOSEPH, DELIA
STREET ADDRESS 12402 SPICER PLACE APT. F
CITY-ST-ZIP TAMPA FL 33612

TITLE TD ☒ Delete
NAME JACKSON, NEVILLE
STREET ADDRESS 500 S HIMES AVE, APT 28
CITY-ST-ZIP TAMPA FL 33609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS SEINWRIGHT, ALTHEA
CITY-ST-ZIP 1509 MILLER AVE
TAMPA FLORIDA 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS CHANNER, WILLIAM O
CITY-ST-ZIP 10215 CONNECHUSETT ROAD
TAMPA FLORIDA 33617

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William O. Channer*
WILLIAM O. CHANNER TREASURER

04/07/04 (813) 985-1586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #