

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90011 008 ****70.00

DOCUMENT # N93000005462	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

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 CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA FL 33617	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LARMOND, EVIE 14613 PINE GLEN CIRCLE LUTZ FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	BOBB-SEMPLE, RAY ☒ Change ☐ Addition 9839 MORRIS GLEN WAY TEMPLE TERRACE FL 33637
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MCDONALD, ALEXANDER 10902 N. 28TH ST TAMPA FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KIRK, ERROL 6112 ASHFIELD PLACE WESLEY CHAPEL FL 33544 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S SLATON, KAREN 1636 CROSSRIDGE DRIVE BRANDON FL 33510 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD JOSEPH, DELIA 12402 SPICER PLACE APT. F TAMPA FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SEIVWRIGHT, ALTHEA A. ☒ Change ☐ Addition 4209 EAST MILLER AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY ST ZIP	T CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 TREASURER 01-26-07 83 985-1586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #