

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AB)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90008 038 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N93000005462</b><br>1. Entity Name<br><b>CARIBBEAN CULTURAL ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                     |                                                                                                                                                                                                                                       |  |  |
| Principal Place of Business<br><b>10215 CONNECHUSETT ROAD<br/>TAMPA FL 33617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                     | Mailing Address<br><b>10215 CONNECHUSETT ROAD<br/>TAMPA FL 33617</b>                                                                                                                                                                  |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                                                                                                                                       |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                        |                                                                                                                                                                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                           | Zip                                                                                 | 4. FEI Number <b>59-3116916</b>                                                                                                                                                                                                       |                                                                                   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   | Applied For<br>Not Applicable                                                       |                                                                                                                                                                                                                                       |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHANNER, WILLIAM O<br/>10215 CONNECHUSETT ROAD<br/>TAMPA FL 33617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and the fee payable. (NOTE: Registered Agent signature required when constituting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>BOBB-SEMPLE, RON<br>9839 MORRIS GLEN WAY<br>TEMPLE TERRACE FL 33637         | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>MCDONALD, ALEXANDER<br>10902 N. 28TH ST<br>TAMPA FL 33612                   | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>KIRK, ERROL<br>6112 ASHFIELD PLACE<br>WESLEY CHAPEL FL 33544                | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>SLATON, KAREN<br>1636 CROSSRIDGE DRIVE<br>BRANDON FL 33510                   | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>SEIVWRIGHT, ALTHENA<br>4209 E MILLER AVE<br>TAMPA FL 33617                  | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>CHANNER, WILLIAM O<br>10215 CONNECHUSETT ROAD<br>TAMPA FL 33617              | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SECRETARY<br>McEACHRON, BEVERLEY<br>2006 WRANGLER DRIVE<br>BRANDON, FLORIDA 33511 |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| 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** 02-15-08