2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90258 039 ****70.00

0044503

DOCUMENT # N93000005462

1. Entity Name
CARIBBEAN CULTURAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10215 CONNECHUSETT ROAD TAMPA FL 33617	10215 CONNECHUSETT ROAD TAMPA FL 33617

☐ CHECK HERE IF MAKING CHANGES

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	PD SIMMONS, PERCIL 5013 KIMBERTON CT. TAMPA, FL 33647	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMMONS, PERCIL 5013 KIMBERTON CT TAMPA FL 33647	☐ Delete	VD ALEXANDER, MCDONALD 10902 N. 28TH ST. TAMPA, FL 33612	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALEXANDER, MCDONALD 10902 N 28TH ST TAMPA FL 33612	☐ Delete	VD LARMOND, EVIE 14613 PINE GLEN CIRCLE LUTZ FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURRELL, ELLOREECE 1821 CANDLESTICK CT LUTZ FL	☑ Delete	SD BRIGETTE BODIE 19515 PEBBLE LAKE Ct. Tampa, Florida 33647	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACKSON, JACQUELINE 710 WEST HENRY AVE TAMPA FL 33604	☑ Delete	SD DELIA JOSEPH 12402 SPICER PLACE APT. F TAMPA, FL. 33612	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACKSON, NEVILLE 500 S HIMES AVE, APT 28 TAMPA FL 33609	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: NEVILLE JACKSON 4/12/03 813-207-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #