

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION,
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001389 (4)

1. Corporation Name

LACARIBE ARTS AND CULTURAL CLUB, INC.

Principal Place of Business

Mailing Address

110 WOODFIELD CT
SANFORD FL 32773

110 WOODFIELD CT
SANFORD FL 32773-5959



2. Principal Place of Business

2a. Mailing Address

21 6622 MERITMOOR CIR.
State, Apt. #, etc.

26 6622 MERITMOOR CIR.
State, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO FL
Zip Country

28 ORLANDO FL
Zip Country

24 32818-2217 25 U.S.A.

29 32818-2217 30 U.S.A.

9. Name and Address of Current Registered Agent

FORDE, PATRICIA
110 WOODFIELD CT
SANFORD FL 32773

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report
02/14/1996

4. FEI Number
59-3322148

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JARDINE, KATHLEEN

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

6622 MERITMOOR CIR

83

84 City

ORLANDO

FL

85 Zip Code
32818

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

[Signature] Kathleen Jardine 3/9/97

12. OFFICERS AND DIRECTORS

12.1	NAME	PD HALLS, KELVIN	☐ DELETE
12.2	STREET ADDRESS	919 GRAND CAYMAN CT	
12.3	CITY-ST-ZIP	ORLANDO FL 32835	
12.4	TITLE	D	☐ DELETE
12.5	NAME	HALLS, YOLANDA	
12.6	STREET ADDRESS	919 GRAND CAYMAN CT	
12.7	CITY-ST-ZIP	ORLANDO FL 32835	
12.8	TITLE	TD	☐ DELETE
12.9	NAME	PORRTER, GENE	
12.10	STREET ADDRESS	3355 BURLINGTON	
12.11	CITY-ST-ZIP	ORLANDO FL 32827	
12.12	TITLE	SD	☐ DELETE
12.13	NAME	FORDE, PATRICIA	
12.14	STREET ADDRESS	110 WOODFIELD CT	
12.15	CITY-ST-ZIP	SANFORD FL 32773	
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY-ST-ZIP		
12.20	TITLE		☐ DELETE
12.21	NAME		
12.22	STREET ADDRESS		
12.23	CITY-ST-ZIP		
12.24	TITLE		
12.25	NAME		
12.26	STREET ADDRESS		
12.27	CITY-ST-ZIP		
12.28	TITLE		
12.29	NAME		
12.30	STREET ADDRESS		
12.31	CITY-ST-ZIP		
12.32	TITLE		
12.33	NAME		
12.34	STREET ADDRESS		
12.35	CITY-ST-ZIP		
12.36	TITLE		
12.37	NAME		
12.38	STREET ADDRESS		
12.39	CITY-ST-ZIP		
12.40	TITLE		
12.41	NAME		
12.42	STREET ADDRESS		
12.43	CITY-ST-ZIP		
12.44	TITLE		
12.45	NAME		
12.46	STREET ADDRESS		
12.47	CITY-ST-ZIP		
12.48	TITLE		
12.49	NAME		
12.50	STREET ADDRESS		
12.51	CITY-ST-ZIP		
12.52	TITLE		
12.53	NAME		
12.54	STREET ADDRESS		
12.55	CITY-ST-ZIP		
12.56	TITLE		
12.57	NAME		
12.58	STREET ADDRESS		
12.59	CITY-ST-ZIP		
12.60	TITLE		
12.61	NAME		
12.62	STREET ADDRESS		
12.63	CITY-ST-ZIP		
12.64	TITLE		
12.65	NAME		
12.66	STREET ADDRESS		
12.67	CITY-ST-ZIP		
12.68	TITLE		
12.69	NAME		
12.70	STREET ADDRESS		
12.71	CITY-ST-ZIP		
12.72	TITLE		
12.73	NAME		
12.74	STREET ADDRESS		
12.75	CITY-ST-ZIP		
12.76	TITLE		
12.77	NAME		
12.78	STREET ADDRESS		
12.79	CITY-ST-ZIP		
12.80	TITLE		
12.81	NAME		
12.82	STREET ADDRESS		
12.83	CITY-ST-ZIP		
12.84	TITLE		
12.85	NAME		
12.86	STREET ADDRESS		
12.87	CITY-ST-ZIP		
12.88	TITLE		
12.89	NAME		
12.90	STREET ADDRESS		
12.91	CITY-ST-ZIP		
12.92	TITLE		
12.93	NAME		
12.94	STREET ADDRESS		
12.95	CITY-ST-ZIP		
12.96	TITLE		
12.97	NAME		
12.98	STREET ADDRESS		
12.99	CITY-ST-ZIP		
12.100	TITLE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	PD	☒ Change ☐ Addition
13.2	NAME	JOSHUA, WINONA	
13.3	STREET ADDRESS	5437 COUNTRY CLUB RD.	
13.4	CITY-ST-ZIP	SANFORD, FL 32771	
13.5	TITLE	TD	☒ Change ☐ Addition
13.6	NAME	JARDINE, KATHLEEN	
13.7	STREET ADDRESS	6622 MERITMOOR CIR.	
13.8	CITY-ST-ZIP	ORLANDO, FL 32818	
13.9	TITLE	D	☒ Change ☐ Addition
13.10	NAME	PARKER LEROY N.	
13.11	STREET ADDRESS	2665 KERWOOD CIR.	
13.12	CITY-ST-ZIP	ORLANDO, FL 32810	
13.13	TITLE		☐ Change ☐ Addition
13.14	NAME		
13.15	STREET ADDRESS		
13.16	CITY-ST-ZIP		
13.17	TITLE		☐ Change ☐ Addition
13.18	NAME		
13.19	STREET ADDRESS		
13.20	CITY-ST-ZIP		
13.21	TITLE		☐ Change ☐ Addition
13.22	NAME		
13.23	STREET ADDRESS		
13.24	CITY-ST-ZIP		
13.25	TITLE		
13.26	NAME		
13.27	STREET ADDRESS		
13.28	CITY-ST-ZIP		
13.29	TITLE		
13.30	NAME		
13.31	STREET ADDRESS		
13.32	CITY-ST-ZIP		
13.33	TITLE		
13.34	NAME		
13.35	STREET ADDRESS		
13.36	CITY-ST-ZIP		
13.37	TITLE		
13.38	NAME		
13.39	STREET ADDRESS		
13.40	CITY-ST-ZIP		
13.41	TITLE		
13.42	NAME		
13.43	STREET ADDRESS		
13.44	CITY-ST-ZIP		
13.45	TITLE		
13.46	NAME		
13.47	STREET ADDRESS		
13.48	CITY-ST-ZIP		
13.49	TITLE		
13.50	NAME		
13.51	STREET ADDRESS		
13.52	CITY-ST-ZIP		
13.53	TITLE		
13.54	NAME		
13.55	STREET ADDRESS		
13.56	CITY-ST-ZIP		
13.57	TITLE		
13.58	NAME		
13.59	STREET ADDRESS		
13.60	CITY-ST-ZIP		
13.61	TITLE		
13.62	NAME		
13.63	STREET ADDRESS		
13.64	CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/2/97 167 847-6420 ext 248
Daytime Phone: 0014742

CR2E037 (9/96)