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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business	2a. Mailing Address
21 6622 MERITMOOR CIR.	26 6622 MERITMOOR CIR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip 24 32818-2217 Country 25 U.S.A.	Zip 29 32818-2217 Country 30 U.S.A

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

9. Name and Address of Current Registered Agent

FORDE, PATRICIA
110 WOODFIELD CT
SANFORD FL 32773

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HALLS, KELVIN		1.2 NAME	JOSHUA, WINONA	
STREET ADDRESS	919 GRAND CAYMAN CT		1.3 STREET ADDRESS	5437 COUNTRY CLUB RD.	
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	HALLS, YOLANDA		2.2 NAME	JARDINE, KATHLEEN	
STREET ADDRESS	919 GRAND CAYMAN CT		2.3 STREET ADDRESS	6622 MERITMOOR CIR.	
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PORTHER, GENE		3.2 NAME	PARKER LEROY N.	
STREET ADDRESS	3355 BURLINGTON		3.3 STREET ADDRESS	2665 KERWOOD CIR.	
CITY-ST-ZIP	ORLANDO FL 32827		3.4 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORDE, PATRICIA		4.2 NAME		
STREET ADDRESS	110 WOODFIELD CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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] Date 2/2/97 Daytime Phone # (407) 847-6420 ext 248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

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