

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 13 1998 8:00am
Secretary of State

DOCUMENT # N95000001835 (6)

1. Corporation Name

SOUTH FLORIDA CARIBBEAN CULTURAL COALITION, INC.



Principal Place of Business

Mailing Address

7675 NW 20TH CT
SUNRISE FL 33322
US

P O BOX 450834
SUNRISE FL 33345
US

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0574145

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

JABOUIN, PATRICK
7675 NW 20TH CT
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	JABOUIN, PATRICK	
STREET ADDRESS	7675 NW 20TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGG, MICHAEL	
STREET ADDRESS	2980 NW 53RD TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLES, FRANTZ	
STREET ADDRESS	9581 NW 24 PL.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CUMBERBATCH, FRANK	
STREET ADDRESS	10170 NW 10TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AT/D	<input type="checkbox"/> DELETE
NAME	ALFRED, MARCIA	
STREET ADDRESS	3981 NW 32ND TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHRISTINA	
STREET ADDRESS	1213 NW 6 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD ROBINSON, STEVEN T.
3.3 STREET ADDRESS	10052 S. NOB HILL CIRCLE
3.4 CITY-ST-ZIP	TAMARAC, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5861 SOMERSET DRIVE
5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Steven T. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 1998

Date

(954)
742-9314

Daytime Phone #

CR2E037 (5/98)