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1997 JUN 23 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT  
96-1997



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

DOCUMENT # N95000002026  
1. Corporation Name  
CARIBBEAN CONTINENTAL SOCIAL CLUB, INC.

Principal Place of Business: CAPE CORAL, FL  
Mailing Address: 1921 SE 8TH ST, CAPE CORAL, FL 33990-1628

2. Principal Place of Business: 21 CAPE CORAL, FL  
22 1921 SE 8TH ST  
23 CAPE CORAL, FL  
24 33990-1628  
25 USA

2a. Mailing Address: 26 SAME  
27  
28  
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3. Date Incorporated or Qualified: APRIL 28, 1995  
3a. Date of Last Report: Apr. 1996  
4. FEI Number: 65-0582952  
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  
GLORIA JEAN BAILEY  
13810 MCGREGOR BLVD  
FORT MYERS, FL 33907

10. Name and Address of New Registered Agent  
61 Name: RONALD A. ACKORD  
62 Street Address (P.O. Box Number is Not Acceptable): 1921 SE 8TH ST  
63  
64 City: CAPE CORAL FL 85 Zip Code: 33990-1628

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: RONALD A. ACKORD  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 5/17/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GLORIA JEAN BAILEY	
STREET ADDRESS	13810 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	RONALD A. ACKORD	
STREET ADDRESS	1921 SE 8TH ST	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	GWEN MENDES	
STREET ADDRESS	119 NE 19TH LANE PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD A. ACKORD	
1.3 STREET ADDRESS	1921 SE 8TH ST	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990-1628	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C. NORMAN JAMES	
2.3 STREET ADDRESS	219 NW 14TH TERRACE	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33909	
3.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GWEN MENDES	
3.3 STREET ADDRESS	119 NE 23RD PLACE	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33909	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT

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\*\*\*\*297.50 \*\*\*\*297.50

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: RONALD A. ACKORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 5/17/97  
DAY-TIME PHONE #: (941) 574-2120

CRE037 (9/96)