

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000677

FILED  
Mar 03, 2008  
Secretary of State

**Entity Name:** TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2696 BRIAR SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2696 BRIAR SOUTH  
ST PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 59-3363879      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARRINGTON, GEORGE  
2696 BRIAR SOUTH  
ST PETERSBURG, FL 33712      US

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.

SIGNATURE: GEORGE CARRINGTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: TROTMAN, JENNIFER  
Address: 2696 BRIAR SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: PD      ( ) Delete  
Name: CARRINGTON, GEORGE  
Address: 3150 PINELLAS PT DR  
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP      ( ) Delete  
Name: JOB, LEAVIE  
Address: 1654 60 AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: S      ( ) Delete  
Name: MOORE, DEBBIE  
Address: 2736 4 AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: A      ( ) Delete  
Name: CHADI, HELENE  
Address: 1654 60TH AVE  
City-St-Zip: ST PETERSBURG, FL 33712

Title: A      ( ) Delete  
Name: HEMPHIL, KRISTIN  
Address: 5132 CASTLE WAY S  
City-St-Zip: ST PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE CARRINGTON

PD

03/03/2008

Electronic Signature of Signing Officer or Director

Date