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May 06 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 # **N96000005763 (5)**

1. Corporation Name
TALLAHASSEE CARIBBEAN ASSOCIATION INC.

Principal Place of Business	Mailing Address
3635 ERIN DR. TALLAHASSEE FL 32311	3635 ERIN DR. TALLAHASSEE FL 32311-6723

3. Date Incorporated or Qualified: 11/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business — 21: 3635 ERIN DR
2a. Mailing Address — 26: 3635 ERIN DR
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: TALLAHASSEE, FL
City & State — 28: TALLAHASSEE, FL
Zip — 24: 32311
Country — 25: U.S.A
Zip — 29: 32311
Country — 30: U.S.A

4. FEI Number: 59-3411077 ☐ 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

ROGERS, CALYVIN O
3635 ERIN DR.
TALLAHASSEE FL 32311

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] Calyvin O. Rogers 3/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	DIR ☐ Change ☐ Addition
NAME	ROGERS, CALYVIN I		1.2 NAME	DENNIS RIDLEY
STREET ADDRESS	3635 ERIN DR.		1.3 STREET ADDRESS	9005 GLEN EAGLE WAY
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP	☐ DELETE	2.1 TITLE	DIR. ☐ Change ☐ Addition
NAME	LUNAN, HUGH		2.2 NAME	ENID LUNAN
STREET ADDRESS	2409 BASS BAY DR.		2.3 STREET ADDRESS	2409 BASS BAY DR
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	TALL. FL 32312
TITLE	S	☐ DELETE	3.1 TITLE	DIR ☐ Change ☐ Addition
NAME	THANOO, SAVITRI		3.2 NAME	CASS GARDNER
STREET ADDRESS	1417 GOODWOOD CT.		3.3 STREET ADDRESS	3208 ABBINGTON LN
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	TALL. FL 32303
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REGIS, ANNE MARIE		4.2 NAME	
STREET ADDRESS	2623 RED CEDAR CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUKHRAM, HARRELL		5.2 NAME	
STREET ADDRESS	3973 BOURBON ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SAWH, PETE		6.2 NAME	
STREET ADDRESS	2604 CROCKETT CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP	

RW 5-6-97

BK Dep # 61.25

CR2E037 (9/96)

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] Calyvin O. Rogers 3/31/97 904-942-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008342