

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 004 ****70.00

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1. Entity Name

THE CARIBBEAN AMERICAN CLUB, INC.



Principal Place of Business

6211 S MARTINDALE AVEUE
TAMPA FL 33611

Mailing Address

P.O. BOX 320032
TAMPA FL 33679

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466877

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MARY L
PREVATT ENGLAND & TAYLOR
201 N FRANKLIN SUITE 2505
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYLOCK, JORGE	
STREET ADDRESS	104 WATKINS WAY	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, JUNE	
STREET ADDRESS	3116 PRICE AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	SADIE, GRIFFITH	
STREET ADDRESS	3211 SAN JUAN ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLENE, BROWN	
STREET ADDRESS	3909 TREASURE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, TAMMY	
STREET ADDRESS	3908 N RIDGE AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAWLEY, JACQUELINE	
STREET ADDRESS	2815 MARLIN AVE	
CITY-ST-ZIP	TAMPA FL 33611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Haylock	
STREET ADDRESS	5521 Pentail CR.	
CITY-ST-ZIP	Tampa, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE HAYLOCK

Date

Daytime Phone #

3/7/05

813-841-3580