

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004948 (2)**  
1. Corporation Name

**CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC.**



Principal Place of Business <b>336 COLONADE COURT (POINCIANA) KISSIMMEE FL 34758</b>	Mailing Address <b>336 COLONADE COURT (POINCIANA) KISSIMMEE FL 34758</b>
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3. Date Incorporated or Qualified <b>08/26/1997</b>	
4. FEI Number <b>(EIN) 59-3480190</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GRANT, GEORGE 203 CRANBROOK DRIVE (POINCIANA) KISSIMMEE FL 34758</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PENNY GRACE</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1007 DEWSBURY WAY</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Sonia GRANT</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>203 CRANBROOK DR</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>UNA HAMILTON</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>814 MENDOZA DR</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>CYNTHIA PETERS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>301 AZIN COURT</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>EVERTON MORGAN</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>336 COLONADE CRT</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>DEBBIE GRACE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1007 DEWSBURY WAY</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Kissimmee, FL 34758</b>

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: EVERTON MORGAN 5/10/98 407870-7494

CP2E037 (10/97)