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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90149 032 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004948**

1. Corporation Name

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

Principal Place of Business

336 COLONADE COURT (POINCIANA)  
KISSIMMEE FL 34758

Mailing Address

POB 420155  
KISSIMMEE FL 34742  
US



2. Principal Place of Business

21 1007 Dewsbury Way

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

59-3480180

Applied For

Not Applicable

City & State

23 KISSIMMEE, FL 34758

City & State

28

Zip Country

24 34758 25 Oseola

Zip

Country

29 30

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GRANT, GEORGE  
203 CRANBROOK DRIVE (POINCIANA)  
KISSIMMEE FL 34758

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GRACE P  
STREET ADDRESS 1007 DESBURY WAY  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE VP ☐ DELETE

NAME GRANT, S  
STREET ADDRESS 203 CRANBROOK DR  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE SD ☒ DELETE

NAME HAMILTON, U  
STREET ADDRESS 813 MDNDOZA DR  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE T ☐ DELETE

NAME PETERS, C  
STREET ADDRESS 301 AZIN CT  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☒ DELETE

NAME MORGAN, E  
STREET ADDRESS 336 COLONADE CT  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☐ DELETE

NAME GRAC3 D  
STREET ADDRESS 1007 DEWSBURY WAY  
CITY-ST-ZIP KISSIMMEE FL 34758

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GRACE M.  
1.3 STREET ADDRESS 1007 Dewsbury way  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Secretary (S)  
3.3 STREET ADDRESS Vanessa Gill  
605 Gazelle Court  
3.4 CITY-ST-ZIP KISSIMMEE, FL 34758

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME GRACE, D  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

2/9/99

407-248-7340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)