NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90321 006 ****65.00

DOCUMENT # N97000004948

1. Entity Name
Caribbean-American People Association

DO NOT WRITE IN THIS SPACE

50037495

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2. Principal Place of Business	3. Mailing Address
843 Cypress Parkway	843 Cypress Parkway
Suite, Apt. #, etc. # 128	Suite, Apt. #, etc. # 128
City & State Kissimmee, FL. 34759	City & State Kissimmee FL.
Zip 34759 Country USA	Zip 34759 Country USA

4. FEI Number 593480180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Sonia M. Grant

Street Address (P.O. Box Number is Not Acceptable) 203 Cranbrook Drive

City Kissimmee FL Zip Code 34758

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 Sonia M. Grant Sonia M. Grant 3-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President D. Sonia M. Grant 203 Cranbrook Drive Kiss 34758
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Vice President D. Penny Grace 493 Peppermill Cir. Kissimmee, FL. 34758
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Secretary D. Janet Gill 723 Cockatoo Court. Kissimmee FL. 34759
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D. Neville Rowe 245 Cheshire Ct. Kissimmee, FL. 34758
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Director of Programs Clover Sangster-Williams 829 Hazel Grove Court Kissimmee, FL 34758
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia M. Grant 3-27-05 407 729 9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #