

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004948 1. Entity Name CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC.					
Principal Place of Business 843 CYPRESS PARKWAY #128 KISSIMMEE, FL 34759		Mailing Address 843 CYPRESS PARKWAY #128 KISSIMMEE, FL 34759 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3480180	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALCOTT, HUBERT N 5232 VIA HACIENDA CIR 120 ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name BAILEY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 490 PEPPER MILL CIRCLE 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 <i>Michael A. Bailey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-1-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANT, SONIA D 658 FLORIDIAN DR KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT ENA ROBINSON 570 KILLAMANTARO DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALCOTT, HUBERT N 6232 VIA HACIENDA CIR, #120 ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VERONICA CHANDLER 870 MASSY COURT KISSIMMEE, FL 34759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, PATRICIA 723 COCKATOO COURT KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSTT-SEC. SHERILLA LESTRADE 4725 HURON BAY CIRCLE KISSIMMEE, FL 34759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYLTON, NEVILLE 904 VAN LOON COURT KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LINA HAMILTON 814 MENDOZA DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCARLETT, GILBERT 114 SAFFRON WAY KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSTT-TREASURER EDGAR DALEY 464 LARK COURT KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GILL, JANET 723 COCKATOO COURT KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF PROGRAMS FERRIST ROWE 245 CHESHIRE COURT KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: <i>Michael A. Bailey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2-1-08 DAYTIME PHONE # 407-346-7123		