

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004948

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC.

## Current Principal Place of Business:

843 CYPRESS PARKWAY  
#128  
KISSIMMEE, FL 34759

## New Principal Place of Business:

## Current Mailing Address:

843 CYPRESS PARKWAY  
#128  
KISSIMMEE, FL 34759 US

## New Mailing Address:

843 CYPRESS PARKWAY  
#128  
KISSIMMEE, FL 34759

FEI Number: 59-3480180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAILEY, MICHAEL A  
498 PEPPERMILL CIRCLE  
KISSIMMEE, FL 34758 US

## Name and Address of New Registered Agent:

BAILEY, MICHAEL A P  
498 PEPPERMILL CIRCLE  
KISSIMMEE, FL 34758 US

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.

SIGNATURE: MICHAEL A. BAILEY

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: CHANDLER, VERONICA  
Address: 870 MASSY COURT  
City-St-Zip: KISSIMMEE, FL 34759

Title: V ( ) Delete  
Name: ROBINSON, ENA  
Address: 570 KILLAMAN JARO DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: AS ( ) Delete  
Name: LESTRADE, SHERILLA  
Address: 4725 HURON BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete  
Name: HAMILTON, UNA  
Address: 814 MENDOZA DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: AT ( ) Delete  
Name: DALEY, EDGAR  
Address: 464 LARK COURT  
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete  
Name: ROWE, FERRIST  
Address: 245 CHESHIRE COURT  
City-St-Zip: KISSIMMEE, FL 34758

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. BAILEY

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date