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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91455 048 ****61.50

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DOCUMENT # N97000004948

1. Entity Name

Caribbean-American People Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
843 Cypress Parkway	843 Cypress Parkway #128
Suite, Apt. #, etc.: #128	Suite, Apt. #, etc.: #128
City & State: Kissimmee, Florida	City & State: Kissimmee, Florida
Zip: 34758 Country: USA	Zip: 34758 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3480180 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael A. Bailey

Street Address (P.O. Box Number is Not Acceptable): 498 Peppermill 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: Michael A Bailey Michael A Bailey President 4/30/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael A. Bailey 498 Peppermill Circle Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Keith Noad 1024 Island Circle #204 Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gilbert Scarlett 114 Saffron Way Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Monica Grace 493 Peppermill Circle Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Una Hamilton 814 Mendoza Drive Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Programs Ferrist E. Rowe 245 Cheshire Court Kissimmee, Fl. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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: Michael A. Bailey Michael A. Bailey President 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #