

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002697

FILED
May 23, 2007
Secretary of State

Entity Name: CARIBBEAN AMERICAN NATIONAL FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

7935 NW 10TH ST
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

PO BOX 16802
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0863948 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GORDON, JAMES A
7935 NW 10 ST
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: DAVIS, JAQUES
Address: 6748 RED REEF ST
City-St-Zip: LAKE WORTH, FL

Title: DAVP () Delete
Name: HAMILTON, JOAN
Address: 11136 NW 1ST PL
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DP () Delete
Name: GORDON, JAMES A
Address: 5651 SW 2ND ST
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: GORDON, LORNA
Address: 4750 NW 10 CT
City-St-Zip: PLANTATION, FL 33313

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:

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: JAMES A GORDON

PRES

05/23/2007

Electronic Signature of Signing Officer or Director

Date