

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000295

FILED
May 04, 2008
Secretary of State

Entity Name: CARIBBEAN ORGANIZATION OF TALLAHASSEE INC.

Current Principal Place of Business:

7114 HERITAGE RIDGE ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

7114 HERITAGE RIDGE ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3609096 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:

FREEMAN, MICHAEL TREAS
7114 HERITAGE RIDGE ROAD
TALLAHASSEE, FL 32312 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: P/D () Delete
Name: ANDERSON, ELAINE PRES
Address: 2717 BALDWIN DRIVE, SOUTH
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: T/D () Delete
Name: FREEMAN, MICHAEL TREAS
Address: 7114 HERITAGE RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D () Delete
Name: KEEN, DAVID DIRECTR
Address: 2245 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Delete
Name: KNIGHT, STEPHEN DIRECTR
Address: 2019 SUGAR MAPLE COURT
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S () Delete
Name: PYNE, SAMUEL C - SEC
Address: 2025-B RICKARDS ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S () Delete
Name: FREEMAN, KATRINA R - SEC
Address: 7114 HERITAGE RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

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: ELAINE A. ANDERSON

PRES

05/04/2008

Electronic Signature of Signing Officer or Director

Date