


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90025 005 \*\*\*\*61.25

<b>DOCUMENT # N99000004947</b> 1. Entity Name <b>CARIBBEAN-AMERICAN FOR COMMUNITY INVOLVEMENT IN FLORIDA INC.</b>					
Principal Place of Business <b>1030 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>1030 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0965408</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRANDA, MARGARET E 10 BAY CEDAR COURT ROYAL PALM BEACH, FL 33411</b>				7. Name and Address of New Registered Agent Name <b>GENIEVE WHITE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2301 Lakeview Drive</b> <b>Royal Palm Beach, FL 33411</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, FREDRICK 123 HERON PARKWAY ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rhonda Ferrin-Davis 2131 F Road, Lox. FL 33470
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, RHONDA 2131 F. ROAD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jannette Sharpe-Paul 172 Heatherwood Dr. RPB. FL 33411
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CYRIS, ELET 109 VONGOUGH WAY ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Genieve White 2301 Lakeview Dr. RPB. FL 33411
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, JOHN 15895 MEADOWOOD DRIVE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kathleen Lannaman 138 Queens Ln. RPB. FL 33411
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANDA, MARGARET E 10 BAY CEDAR COURT ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marjorie Aiken 199 Parkwood Dr. RPB. FL 33411
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, BARBARA 818 BLUE RIDGE CIRCLE WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lascelles Harris 12707 Temple Blvd. WPB. 33412
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			7/14/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00006296



07062005 Chg-NP CR2E037 (10/03)