

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004947

FILED
Apr 22, 2009
Secretary of State

Entity Name: CARIBBEAN-AMERICAN FOR COMMUNITY INVOLVEMENT IN FLORIDA INC.

Current Principal Place of Business:

1030 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1030 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0965408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, GENIEVE
2301 LAKEVIEW DRIVE
WEST PALM BEACH, FL 33411 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: PD () Delete
Name: AMANAYER, ABRAHAM J
Address: 130 GRANADA STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DPE () Delete
Name: FERRIN-DAVIS, RHONDA
Address: 2131 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: WHITE, GENIEVE
Address: 2301 LAKWVIEW DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: LANNAMAN, KATHLEEN
Address: 138 QUEENS LN
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD (X) Delete
Name: AIKEN, MARJORIE
Address: 199 PARKWOOD DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: FERGUSON, HENWORTH
Address: 12855 82ND STREET
City-St-Zip: WEST PALM BEACH, FL 33412

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
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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: KATHLEEN LANNAMAN

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date