

**-2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007075

1. Entity Name
CARIBBEAN CULTURAL COALITION, INCORPORATED



Principal Place of Business

**P.O BOX 491455
LAUDERDALE LAKES
LAUDERDALE, FL 33349**

Mailing Address

**P.O BOX 491455
LAUDERDALE LAKES
LAUDERDALE, FL 33349**



03262006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0969477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUMBERBATCH, DELBERT F
10170 NW 10 STREET
PLANTATION, FL 33322**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JABOUIN, PATRICK
STREET ADDRESS	7675 NW 20TH COURT
CITY- ST- ZIP	FORT LAUDERDALE, FL 33322
TITLE	VP
NAME	POPE, MICHELLE
STREET ADDRESS	120 NE 11 STREET
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	ALEXIS, GABRIELLE
STREET ADDRESS	1640 WEST OAKLAND PARK BLVD
CITY- ST- ZIP	FORT LAUDERDALE, FL 33310
TITLE	D
NAME	ARMSTRONG, IVY
STREET ADDRESS	911 SW 87TH AVE
CITY- ST- ZIP	HOLLYWOOD, FL 33025
TITLE	T
NAME	CUMBERBATCH, DELBERT F
STREET ADDRESS	10170 BW 10 STREET
CITY- ST- ZIP	PLANTATION, FL 33313
TITLE	T
NAME	JABOUIN, JEAN R JR.
STREET ADDRESS	2412 N. STATE RD 7
CITY- ST- ZIP	LAUDERDALE LAKES, FL 33313

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04/13/06-60075-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Delbert F Cumberbatch Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06
Date

954-452-9380
Daytime Phone