

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32100 (2)**

1. Corporation Name

CARIBBEAN BAPTIST COMMUNICATIONS CENTRE, INC.



Principal Place of Business

Mailing Address

3400 RALEIGH ST
HOLLYWOOD FL 33021

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HOLLYWOOD FL 33021

2. Principal Place of Business

2a. Mailing Address

21 State: Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

HODGES, PERRY W. JR
644 SE 4TH AVE
FT. LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified **05/04/1989** 3a. Date of Last Report **01/27/1995**

4. FEI Number **74-2124784** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0802 and 617.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0903, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type name on page 1 and the initials on page 2)

Signature of Registered Agent (Type name on page 1 and the initials on page 2)

Date

12

OFFICERS AND DIRECTORS

11 TITLE	PD	<input checked="" type="checkbox"/> DELETE
12 NAME	CADDETTE, ANTHONY	
13 STREET ADDRESS	11 PHILLIPS STREET	
14 CITY, ST, ZIP	TRINIDAD, WEST INDIES	
21 TITLE	SD	<input type="checkbox"/> DELETE
22 NAME	EDGAR, ARTHUR	
23 STREET ADDRESS	3400 RALEIGHT STREET	
24 CITY, ST, ZIP	HOLLYWOOD FL	
31 TITLE	TD	<input checked="" type="checkbox"/> DELETE
32 NAME	MCKENZIE, AZARIAH	
33 STREET ADDRESS	4 RUTHLAND DRIVE	
34 CITY, ST, ZIP	JAMAICA, WEST INDIES	
41 TITLE	CD	<input type="checkbox"/> DELETE
42 NAME	SEARCY, MICHAEL	
43 STREET ADDRESS	3400 RALEIGHT ST	
44 CITY, ST, ZIP	HOLLYWOOD FL	
51 TITLE	D	<input type="checkbox"/> DELETE
52 NAME	WOOD, VINCENT	
53 STREET ADDRESS	83 GIBBONS TERR., CHRIST CHURCH	
54 CITY, ST, ZIP	BARBADOS WE	
61 TITLE	D	<input type="checkbox"/> DELETE
62 NAME	JAMES, RODERICK	
63 STREET ADDRESS	21 RUSSELL HEIGHTS	
64 CITY, ST, ZIP	KINGSTON JA	

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MILLS, LAMBERT	
13 STREET ADDRESS	BARBADOS BAPTIST COLLEGE, PORTESQUE, ST. PHILIP	
14 CITY, ST, ZIP	BARBADOS, WEST INDIES	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP	33021	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PINDER, PETER	
33 STREET ADDRESS	P.O. BOX F-4A 367 "NA"	
34 CITY, ST, ZIP	FREERPORT, BAHAMAS	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP	33021	
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP	BARBADOS, WEST INDIES	
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP	KINGSTON B, JAMAICA, WEST INDIES	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur Edgar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-1996 954-981-2271

CR2E87 (12/95)