

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 016 ****61.25

DOCUMENT # N980000000098

1. Entity Name

Caribbean Christian Orphanage + Outreach INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 552

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 552

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

59-3489381

Applied For

Not Applicable

Zip

32055

Country

USA

Zip

32055

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Norman E. Suisse

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

Rt 3 Box 345-M

City

Lake Butler

FL

Zip Code

32054

**DO NOT WRITE
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.

SIGNATURE

Norman E. Suisse

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

(NOTE: Registered Agent signature required when reinstating)

4-28-02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE

President

NAME

Dennis Suisse

STREET ADDRESS

P.O. Box 552

CITY - ST - ZIP

Lake City FL 32055

TITLE

Vice President

NAME

Nora Suisse

STREET ADDRESS

P.O. Box 552

CITY - ST - ZIP

Lake City FL 32055

TITLE

Treasurer

NAME

Angelica Suisse

STREET ADDRESS

P.O. Box 552

CITY - ST - ZIP

Lake City FL 32055

TITLE

Secretary

NAME

James Nettles

STREET ADDRESS

P.O. Box 552

CITY - ST - ZIP

Lake City FL 32055

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

James C. Nettles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

386-7556010

Daytime Phone #

CR2E037B (12/01)