

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008228

**Entity Name:** CARIBBEAN VISION MINISTRIES, INC.

**Current Principal Place of Business:**

14458 VIA ROYALE  
DELRAY BEACH, FL 33446-3369

**Current Mailing Address:**

14458 VIA ROYALE  
DELRAY BEACH, FL 33446-3369 US

**FEI Number: 27-0848858**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DAVIS, CHARLES R  
14458 VIA ROYALE  
DELRAY BEACH, FL 33446-3369 US

*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

**Officer/Director Detail :**

Title D, PRESIDENT  
Name DAVIS, CHARLES R DR.  
Address 14458 VIA ROYALE  
City-State-Zip: DELRAY BEACH FL 33446-3369

Title D, SECRETARY  
Name CARDICHON, DUMONT  
Address 275 NE 40TH STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title D, VP  
Name JOSEPH, ELYSEE  
Address 4211 NW 41ST STREET #104  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title D, TREASURER  
Name LUTZ, STEPHEN  
Address 2161 N PENRYN ROAD  
City-State-Zip: MANHEIM PA 17545-9537

Title DIRECTOR  
Name DABIDEEN, ROGER  
Address LP6  
HYDRAULIC ROAD  
City-State-Zip: KELLY VILLAGE CARONI TRINIDAD,  
WI

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES R. DAVIS**

**DIRECTOR, PRESIDENT**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date