

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008228

Entity Name: CARIBBEAN VISION MINISTRIES, INC.

Current Principal Place of Business:

323 KELLY STREET
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

PO BOX 18317
PANAMA CITY BEACH, FL 32417-8317

FEI Number: 27-0848858

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAVIS, CHARLES R
323 KELLY STREET
PANAMA CITY BEACH, FL 32413 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 323 KELLY STREET
City-State-Zip: PANAMA CITY BEACH FL 32413

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 ANDRE, VANCE
Address 1 CEDAR TREE PLACE
City-State-Zip: OCALA FL 34472

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

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

PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date