

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 726836

1. Entity Name

STATE AND INTERNATIONAL BISHOPS COUNCIL, INC.



**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

21310 OLD CUTLER ROAD  
MIAMI FL 33189-3111

Mailing Address

21310 OLD CUTLER ROAD  
MIAMI FL 33189-3111

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0211406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARLINE, DANIEL D  
1250 NW 43 ST  
MIAMI FL

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: CARTER, BENJAMIN F  
STREET ADDRESS: 21310 OLD CUTLER RD  
CITY-STATE-ZIP: MIAMI, FL 00000 ☐ Delete

TITLE: SPEC  
NAME: EASON, DAVID  
STREET ADDRESS: 3895 NW 183RD STREET  
CITY-STATE-ZIP: MIAMI FL ☐ Delete

TITLE: SD  
NAME: WILLIAMS, CHARLIE  
STREET ADDRESS: 10720 SW 218TH ST  
CITY-STATE-ZIP: GOULDS, FL 00000 ☐ Delete

TITLE: SD  
NAME: ARLINE, DANIEL  
STREET ADDRESS: 1250 NW 43RD ST  
CITY-STATE-ZIP: MIAMI, FL 00000 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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

*Bishop Benjamin F. Carter Sr.*

SIGNATURE: *Bishop Benjamin F. Carter Sr.*

PD

3/7/07

(305) 235-2300