

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732244

1. Entity Name

CARIBBEAN BAPTIST EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15000 WINDBLUFF STREET
FALCONS LEE DIVISION
DAVIE FL 33331

15000 WINDBLUFF STREET
FALCONS LEE DIVISION
DAVIE FL 33331-2910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN JR., CHARLES O.
1300 NW 167TH STREET
MIAMI FL

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.

SIGNATURE

Dr. James W. Benton, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1-4-00

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KENNEDY, VERNON
STREET ADDRESS RT 2 BOX 2311 NA
CITY-ST-ZIP CLARKSVILLE GA

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JARRARD, WAYNE
STREET ADDRESS 2159 DAUPHIN ST.
CITY-ST-ZIP MOBILE AL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMSON, JERRY
STREET ADDRESS 2800 PROSPECT ROAD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BENTON, ALMA D
STREET ADDRESS 15000 WINDBLUFF ST.
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BENTON, JAMES W
STREET ADDRESS 15000 WINDBLUFF ST.
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEMAN, HOWARD
STREET ADDRESS 11951 NW 27TH STREET
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. James W. Benton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 954-434-8906

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90019 006 ****61.25

00000045



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6565680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required