


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732244</b> 1. Entity Name <b>CARIBBEAN BAPTIST EVANGELISTIC ASSOCIATION, INC.</b>	
---	---

<b>Principal Place of Business</b> 15000 WINDBLUFF STREET FALCONS LEE DIVISION DAVIE, FL 33331	<b>Mailing Address</b> 15000 WINDBLUFF STREET FALCONS LEE DIVISION DAVIE, FL 33331
---	---



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-6565680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MORGAN JR., CHARLES O.</b> 1300 NW 167TH STREET MIAMI, FL
---

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, VERNON RT 2 BOX 2311 NA CLARKSVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRARD, WAYNE 2159 DAUPHIN ST. MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, JERRY 2800 PROSPECT ROAD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENTON, ALMA D 15000 WINDBLUFF ST. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENTON, JAMES W 15000 WINDBLUFF ST. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMAN, HOWARD 11951 NW 27TH STREET PLANTATION, FL

**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)(f), 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 1-7-04 954-434-8906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #