

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

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759805</b> 1. Entity Name <b>CARIBBEAN MINISTRIES, INC.</b>	
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Principal Place of Business <b>353 FIFTH ST. ATLANTIC BEACH FL 32233</b>	Mailing Address <b>353 FIFTH ST. ATLANTIC BEACH FL 32233</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-2153924</b>	Applied For Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>BUSCHMAN, ALBERT E JR</b> <b>2215 S THIRD ST STE 101</b> <b>JACKSONVILLE BCH FL 32250</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD FLOYD, EDMUND H., JR.	TITLE	U00000715369
NAME	FLOYD, EDMUND H., JR.	NAME	04/27/07-80061-012 61.25
STREET ADDRESS	353 FIFTH STREET	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	TITLE	
NAME	FLOYD, CHARLENE	NAME	
STREET ADDRESS	353 FIFTH STREET	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	FLOYD, EDMUND H.	NAME	
STREET ADDRESS	2106 FIRST ST	STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Charlene Floyd, VSD 4/16/07 904-249-8427