# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2010**
**Secretary of State**

DOCUMENT# 759805

**Entity Name:** CARIBBEAN MINISTRIES, INC.

**Current Principal Place of Business:**

353 FIFTH ST.
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

353 FIFTH ST.
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number: 59-2153924** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSCHMAN, ALBERT E JR
2215 S THIRD ST STE 101
JACKSONVILLE BCH, FL 32250 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: FLOYD, EDMUND H., JR.
Address: 353 FIFTH STREET
City-St-Zip: ATLANTIC BEACH, FL

Title: VSD
Name: FLOYD, CHARLENE
Address: 353 FIFTH STREET
City-St-Zip: ATLANTIC BEACH, FL

Title: TD
Name: KING, ROSSCHELLE H
Address: 1540 GULF BLVD STE 1803
City-St-Zip: CLEARWATER BEACH, FL 33767

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: CHARLENE FLOYD VSD 01/25/2010
Electronic Signature of Signing Officer or Director Date