

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003317

1. Entity Name
CARSEL'S MINISTRIES INTERNATIONAL INC.



Principal Place of Business
40 & 42 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
165 NE 128 TERR
N. MIAMI, FL 33161



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0120997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST FLEUR, CARSEL
165 NE 128 TERR
MIAMI, FL 33161

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ST FLEUR, CARSEL
STREET ADDRESS	165 NE 128 TERRACE
CITY - ST - ZIP	N. MIAMI, FL 33161
TITLE	VD
NAME	JEAN-PIERRE, DARLINE
STREET ADDRESS	1851 NE 143 STREET
CITY - ST - ZIP	MIAMI, FL 33161
TITLE	D
NAME	ROMELUS, WIDELINE
STREET ADDRESS	2120 NE 171 STREET
CITY - ST - ZIP	N MIAMI BEACH, FL 33162
TITLE	T
NAME	JEAN-LOUIS, MYRIEL
STREET ADDRESS	14865 NE 11TH CT
CITY - ST - ZIP	N MIAMI, FL 33161
TITLE	S
NAME	BRUNEL, BATAILLE
STREET ADDRESS	410 NE 160 TERR
CITY - ST - ZIP	N. MIAMI BEACH, FL 33162
TITLE	VS
NAME	INNOCENT, JERRY
STREET ADDRESS	1570 NW 128 STREET
CITY - ST - ZIP	N MIAMI, FL 33167

100000336256
04/27/05-80119-005 61.25

**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 and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carrel St Fleur CARSEL ST FLEUR 4/25/05