2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

01-14-2005 90003 014 ****61.25

DOCUMENT # N01000008877

1. Entity Name

CARIBBEAN AMERICAN CHRISTIAN MISSION TEAM INC.



Principal Place of Business 2720 S OAKLAND FOREST DR #703 OAKLAND PARK, FL 33309 Mailing Address 2720 S OAKLAND FOREST DR #703 OAKLAND PARK, FL 33309

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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Ch	g-NP CR2E037	' (10/03)	
City & State City & State				4. FEI Number 65-108022	4,	Applied For - Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Additional	
7. Name and Address of Current Registered Agent							
UII MOTE		والمنابع والمنافي والمنافي والمنافية	كرنشه بالثيثسيسة	الإغابات والبادان البادات المعاملات المنافية والمتابع المتابعة الم			
JULMISTE, BERNARD-REV. 2720 S OAKLAND FOREST DR #703 OAKLAND PARK, FL 33309				Street Address (P.O. Box Number is Not Acceptable)			
/	gr ^e						
			City	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. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent a	re required when reinstating)	DATE *				
·		<u>,</u>	<u> </u>		****		
•	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make check Florida Departi		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRI	CTORS IN 10	
TITLE	D	☐ Delete	TITLE .			☐ Change ☐ Addition	
NAME STREET ADDRESS	JULMISTE, REV. BERNARD 2720 SOAKLAND FOREST DR. #	פל	NAME				
CITY-ST-ZIP	OAKLAND PARK, FL 33309		STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · ·	· _ ••	
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, TITLE	and the additional transportation	Delete	TITLE -		्या १४ वर्षे । अध्यक्षकुर्वे ५	☐ Change ☐ Addition	
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TITLE		Delete :	TITLE		<u></u>	☐ Change ☐ Addition	
NAME	* * *		NAME				
STREET ADDRESS			STREET ADDRESS			•	
CITY-ST-ZIP	<u> </u>		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: Berny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-05 9547773112

Daytime Phone