2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 22, 2007 8:00 am
Secretary of State
01-24-2007 90046 034 ****61.25

DOCUMENT # N01000008877

1. Entity Name
CARIBBEAN AMERICAN CHRISTIAN MISSION TEAM INC.

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

DO NOT WRITE IN THIS SPACE

01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1080224
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JULMISTE, BERNARD REV.
2720 S OAKLAND FOREST DR #703
OAKLAND PARK, FL 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JULMISTE, REV. BERNARD
STREET ADDRESS	2720 SOAKLAND FOREST DR. #73
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	DV
NAME	JULMISTE, EDNER
STREET ADDRESS	733 NW E 9ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	DT
NAME	EARHART, REV. GEORGE
STREET ADDRESS	1901 E COMMERCIAL BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Bernard Julmiste 2-15-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #