

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-14-2005 90018 017 ****61.25

DOCUMENT # N04000006090 1. Entity Name CARIBBEAN EVANGELISTIC ASSOCIATION, INC.					
Principal Place of Business 15000 WINDBLUFF STREET DAVIE, FL 33331			Mailing Address 15000 WINDBLUFF STREET DAVIE, FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 20-1277918				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTON, JAMES W 15000 WINDBLUFF STREET DAVIE, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Dr. James W. Benton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			President DATE 1-11-05 <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTON, JAMES W		NAME		
STREET ADDRESS	15000 WINDBLUFF STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTON, ALMA D		NAME		
STREET ADDRESS	15000 WINDBLUFF STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRARD, LOUISE		NAME		
STREET ADDRESS	2159 DAUPHIN STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36606		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMAN, HOWARD		NAME		
STREET ADDRESS	11700 N.W. 28TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33323		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOCKERY, EDDIS		NAME		
STREET ADDRESS	3170 BOILING SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	MURPHY, NC 28906		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, JERRY		NAME		
STREET ADDRESS	5100 W. HILLSBORO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	