


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 20-1277988	Applied For 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		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 <u><i>James W. Benton</i></u> President <u>1-5-06</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	BENTON, JAMES W		
STREET ADDRESS	15000 WINDBLUFF STREET		
CITY- ST- ZIP	DAVIE, FL 33331		
TITLE	D		
NAME	BENTON, ALMA D		
STREET ADDRESS	15000 WINDBLUFF STREET		
CITY- ST- ZIP	DAVIE, FL 33331		
TITLE	D		
NAME	JARRARD, LOUISE		
STREET ADDRESS	2159 DAUPHIN STREET		
CITY- ST- ZIP	MOBILE, AL 36606		
TITLE	D		
NAME	LEMAN, HOWARD		
STREET ADDRESS	11700 N.W. 28TH COURT		
CITY- ST- ZIP	PLANTATION, FL 33323		
TITLE	D		
NAME	DOCKERY, EDDIS		
STREET ADDRESS	3170 BOILING SPRINGS ROAD		
CITY- ST- ZIP	MURPHY, NC 28906		
TITLE	D		
NAME	WILLIAMSON, JERRY		
STREET ADDRESS	5100 W. HILLSBORO BLVD.		
CITY- ST- ZIP	COCONUT CREEK, FL 33073		
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: <u><i>James W. Benton</i></u>		<u>1-5-06</u> <u>954-434-8906</u> Date Daytime Phone #	