2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90024 026 ****61.25

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1. Entity Name
CARIBBEAN EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15000 WINDBLUFF STREET DAVIE, FL 33331	15000 WINDBLUFF STREET DAVIE, FL 33331

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02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1277988
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENTON, JAMES W
15000 WINDBLUFF STREET
DAVIE, FL 33331

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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: Dr. James W. Benton President 2-19-08
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, 2008

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

Feb. 19-2008

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	5509 RIVERWAY DR.
CITY ST ZIP	SEBRING, FL 33875
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

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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: Dr. James W. Benton 2-19-08 954-434-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #