2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N04000006090

Entity Name: CARIBBEAN EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

15000 WINDBLUFF STREET
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15000 WINDBLUFF STREET
DAVIE, FL 33331

New Mailing Address:

FEI Number: 20-1277988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENTON, JAMES W
15000 WINDBLUFF STREET
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BENTON, JAMES W	
Address:	15000 WINDBLUFF STREET	
City-St-Zip:	DAVIE, FL 33331	
Title:	D	( ) Delete
Name:	BENTON, ALMA D	
Address:	15000 WINDBLUFF STREET	
City-St-Zip:	DAVIE, FL 33331	
Title:	D	( ) Delete
Name:	JARRARD, LOUISE	
Address:	2159 DAUPHIN STREET	
City-St-Zip:	MOBILE, AL 36606	
Title:	D	( ) Delete
Name:	LEMAN, HOWARD	
Address:	5509 RIVERWAY DR	
City-St-Zip:	SEBRING, FL 33375	
Title:	D	( ) Delete
Name:	DOCKERY, EDDIS	
Address:	3170 BOILING SPRINGS ROAD	
City-St-Zip:	MURPHY, NC 28906	
Title:	D	( ) Delete
Name:	WILLIAMSON, JERRY	
Address:	5100 W. HILLSBORO BLVD.	
City-St-Zip:	COCONUT CREEK, FL 33073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HICKS, MARY E	
Address:	14475 SW 16TH CT.	
City-St-Zip:	DAVIE, FL 33325	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HICKS MRS. 01/08/2009

Electronic Signature of Signing Officer or Director — Date