

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006090

FILED
Jan 04, 2010
Secretary of State

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
Name: BENTON, JAMES W
Address: 15000 WINDBLUFF STREET
City-St-Zip: DAVIE, FL 33331

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

Title: D
Name: JARRARD, LOUISE
Address: 2159 DAUPHIN STREET
City-St-Zip: MOBILE, AL 36606

Title: D
Name: LEMAN, HOWARD
Address: 5509 RIVERWAY DR
City-St-Zip: SEBRING, FL 33375

Title: D
Name: DOCKERY, EDDIS
Address: 3170 BOILING SPRINGS ROAD
City-St-Zip: MURPHY, NC 28906

Title: D
Name: WILLIAMSON, JERRY
Address: 5100 W. HILLSBORO BLVD.
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: MARY E HICKS

D

01/04/2010

Electronic Signature of Signing Officer or Director

Date