

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006090

FILED  
Feb 02, 2011  
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: JAMES W BENTON

D

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date