2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N06000005752

Entity Name: CHRISTIAN ORPHANS CARIBBEAN, INC.

Current Principal Place of Business:

7030 NW 49TH PLACE
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7030 NW 49TH PLACE
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 20-4961829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOBBAN, NORMAN A
4448 INVERRARY BOULEVARD
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

WATSON-SIMPSON, KARLENE A
7030 NW 49TH PLACE
LAUDERHILL, FL 33319 US

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: KARLENE WATSON-SIMPSON 02/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATSON-SIMPSON, KARLENE
Address: 7030 NW 49TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: VPTD ( ) Delete
Name: WATSON-DIAS, JOVAN
Address: 6840 NW 46 COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: VPSD ( ) Delete
Name: WATSON-DALEY, CHERYL
Address: 4190 NW 32 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KARLENE WATSON-SIMPSON PD 02/10/2009
Electronic Signature of Signing Officer or Director Date