

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007916

FILED
Apr 15, 2009
Secretary of State

Entity Name: CHRIST IN THE CARIBBEAN INC.

Current Principal Place of Business:

222 LAKEVIEW AVE
1200
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

222 LAKEVIEW AVE
1200
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

5900 NORTH ANDREWS AVENUE
610
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

5900 NORTH ANDREWS AVENUE
610
FORT LAUDERDALE, FL 33309 US

FEI Number: 26-0814317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, H THOMAS JR
222 LAKEVIEW AVE
1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

WAGNER, H THOMAS JR
5900 NORTH ANDREWS AVENUE
610
FORT LAUDERDALE, FL 33309 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: HTW

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAGNER, H THOMAS JR
Address: 222 LAKEVIEW AVE SUITE 1200
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAGNER, H THOMAS JR
Address: 5900 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP () Change (X) Addition
Name: LETTSOME, BRAD
Address: 104 PASEO CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T () Change (X) Addition
Name: PAZANSKI, WILLIAM
Address: 16995 CR 250
City-St-Zip: LIVE OAK, FL 32060

Title: S () Change (X) Addition
Name: GREEN, KEVIN
Address: 4630 123RD TR N
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: HTW

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date