


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90299 028 ****61.25

DOCUMENT # N20214	
1. Entity Name CARIBBEAN LAW INSTITUTE, INC.	

Principal Place of Business 425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32301-1609	Mailing Address 425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32301-1609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32306-1601	Country	Zip 32306-1601	Country

34043073



04062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2799726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

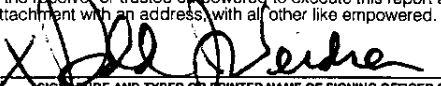
6. Name and Address of Current Registered Agent	
WEIDNER, DONALD J 425 W. JEFFERSON STREET, FSU COLLEGE OF LAW TALLAHASSEE, FL 32306	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALEMBERTE, TALBOT	NAME	
STREET ADDRESS	425 W JEFFERSON ST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32306	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, ELWIN	NAME	
STREET ADDRESS	425 W. JEFFERSON STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDNER, DONALD J.	NAME	
STREET ADDRESS	425 W. JEFFERSON STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTE, KEITH	NAME	
STREET ADDRESS	CAVE HILL	STREET ADDRESS	
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEGIE, RALPH	NAME	
STREET ADDRESS	CAVE HILL	STREET ADDRESS	
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, ANDREW	NAME	
STREET ADDRESS	CAVE HILL	STREET ADDRESS	
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	April 8, 2004 850-644-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #