2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N20214

1. Entity Name
CARIBBEAN LAW INSTITUTE, INC.

Principal Place of Business	Mailing Address
425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32306-1601	425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32306-1601

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02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2799726

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000475301
04/05/06-80010-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'ALEMBERTE, TALBOT
STREET ADDRESS	425 W JEFFERSON ST
CITY-ST-ZIP	TALLAHASSEE, FL 32306
TITLE	D
NAME	GRIFFITH, ELWIN
STREET ADDRESS	425 W. JEFFERSON STREET
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	WEIDNER, DONALD J.
STREET ADDRESS	425 W. JEFFERSON STREET
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	HUNTE, KEITH
STREET ADDRESS	CAVE HILL
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,
TITLE	D
NAME	CARNEGIE, RALPH
STREET ADDRESS	CAVE HILL
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,
TITLE	D
NAME	BURGESS, ANDREW
STREET ADDRESS	CAVE HILL
CITY-ST-ZIP	UNIV OF W INDIES BARBADOS,

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Donald J. Weidner 3/3/86 850-644-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #