


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N20214</b>	
<b>1. Entity Name</b> CARIBBEAN LAW INSTITUTE, INC.	

<b>Principal Place of Business</b> 425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32306-1601	<b>Mailing Address</b> 425 WEST JEFFERSON STREET FSU COLLEGE OF LAW TALLAHASSEE, FL 32306-1601
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02162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  WEIDNER, DONALD J 425 W. JEFFERSON STREET, FSU COLLEGE OF LAW TALLAHASSEE, FL 32306
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IN THIS SPACE**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D D'ALEMBERTE, TALBOT 425 W JEFFERSON ST TALLAHASSEE, FL 32306
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ELWIN 425 W. JEFFERSON STREET TALLAHASSEE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WEIDNER, DONALD J. 425 W. JEFFERSON STREET TALLAHASSEE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HUNTE, KEITH CAVE HILL UNIV OF W INDIES BARBADOS,
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CARNEGIE, RALPH CAVE HILL UNIV OF W INDIES BARBADOS,
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, ANDREW CAVE HILL UNIV OF W INDIES BARBADOS,

U00000650102  
03/07/07-80074-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Weidner

Date

Daytime Phone #

850-644-3071