

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N37024

1. Entity Name
CARIBBEAN FELLOWSHIP MINISTRIES, INC.



FILED

06 NOV 16 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2141 N. UNIVERSITY DRIVE
PMB 377
CORAL SPRINGS, FL 33071 US

Mailing Address
2141 N. UNIVERSITY DRIVE
PMB 377
CORAL SPRINGS, FL 33071 US



10262006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0247803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIBERIS, RAOUL
~~7667 W SAMPLE RD~~ 2141 N. UNIVERSITY DR. #377
~~PMB 163~~
POMPANO BEACH, FL 33065 CORAL SPRINGS, FL 33071

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

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIBERIS, RAOUL	
STREET ADDRESS	7667 W SAMPLE RD 163	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE, EMMANUEL	
STREET ADDRESS	7667 W SAMPLE RD PMB 163	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	STV	<input type="checkbox"/> Delete
NAME	LIBERIS, ELSIE	
STREET ADDRESS	7667 W SAMPLE RD 163	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIBERIS, ELSIE	
STREET ADDRESS	7667 W SAMPLE RD 163	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERIS, MICHELE	
STREET ADDRESS	7667 W SAMPLE RD 163	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2141 N. UNIVERSITY DR. # 377	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200081849292	
CITY-ST-ZIP	11/16/05--01037--015 **\$61.25	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2141 N. UNIVERSITY DR. # 377	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2141 N. UNIVERSITY DR. # 377	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	ARLEN LIBERIS, JR.	
CITY-ST-ZIP	2141 N. UNIVERSITY DR. # 377	
	CORAL SPRINGS, FL. 33071	

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: RAOUL LIBERIS 11/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #