

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37024

FILED  
Aug 26, 2009  
Secretary of State

**Entity Name:** CARIBBEAN FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

4613 N. UNIVERSITY DRIVE  
PMB 562  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 670685  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 65-0247803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LIBERIS, RAOUL  
4613 N. UNIVERSITY DRIVE PMB 562  
CORAL SPRINGS, FL 33067 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIBERIS, RAOUL  
Address: 4613 N. UNIVERSITY DRIVE PMB 562  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete  
Name: PIERRE, EMMANUEL  
Address: 8017 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STV ( ) Delete  
Name: LIBERIS, ELSIE  
Address: 4613 N. UNIVERSITY DRIVE PMB 562  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete  
Name: LIBERIS, MICHELE  
Address: 4613 N. UNIVERSITY DRIVE PMB 562  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete  
Name: LIBERIS, ARLEN JR  
Address: 4613 N. UNIVERSITY DRIVE PMB 562  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete  
Name: LIBERIS, MIKA  
Address: 4613 N UNIVERSITY DRIVE PMB 562  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELSIE LIBERIS

STV

08/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date