

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37024

FILED  
Apr 13, 2011  
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 ( )**

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

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

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

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELSIE LIBERIS

STV

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date