

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 12 1996 8:00 am
Secretary of State

DOCUMENT # N47786

(1)

1. Corporation Name

CARIBBEAN SUPPORT MINISTRIES INC.

Principal Place of Business

Mailing Address

220 NW 77 WAY
PEMBROKE PINES FL 33024
US

220 NW 77 WAY
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1992

3a. Date of Last Report

09/14/1994

4. FEI Number

65-0318243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WINSTON LLOYD
220 NW 77 WAY
PEMBROKE PINES FL 33024

81 Name

82 Street Address (P.O. Box Number is **800001860528**)

-06/12/96--01130--008

*****61.25 *****61.25

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

WINSTON LLOYD BROWN

5/28/96

(Signature typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROWN, WINSTON L
STREET ADDRESS 220 NW 77 WAY
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE D
1.2 NAME DR. WINSTON LLOYD BROWN
1.3 STREET ADDRESS 220 NW 77 WAY
1.4 CITY-ST-ZIP PEMBROKE PINES FL.33024 ☐ Change ☒ Addition

TITLE D
NAME CARNAVON, CHARLENE
STREET ADDRESS 701 NW 210 ST #118 BLDG 3
CITY-ST-ZIP MIAMI FL

2.1 TITLE D
2.2 NAME REV. HERB WILKERSON
2.3 STREET ADDRESS 816 NW FIRST AVE
2.4 CITY-ST-ZIP HALLANDALE, FL.33009 ☐ Change ☒ Addition

TITLE D
NAME CURRIE, STEPHANIE
STREET ADDRESS 1011 D CRYSTAL WAY
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE D
3.2 NAME MRS STEPHANIE CURRIE
3.3 STREET ADDRESS 10901 GALAHAD ST.
3.4 CITY-ST-ZIP BOCA RATON FL.33428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME MISS ANGELLA COY
4.3 STREET ADDRESS 20210 NE 2ND AVE UNIT 5
4.4 CITY-ST-ZIP MIAMI FL.33179 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WINSTON LLOYD BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

DATE

Daytime Phone

CR2E037 (3/95)