

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90084 050 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N47786

1. Corporation Name

CARIBBEAN SUPPORT MINISTRIES INC.

Principal Place of Business

 1405 PARTERRE DRIVE
 WEST PALM BEACH FL 33417
 US

Mailing Address

 1405 PARTERRE DRIVE
 WEST PALM BEACH FL 33417
 US


| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 3702 EASTVIEW AVE Suite, Apt. #, etc. | 26 P.O. BOX 221622 Suite, Apt. #, etc. | 03/11/1992 |
| 22 WEST PALM BEACH City & State | 27 WEST PALM BEACH City & State | 4. FEI Number 65-0318243 |
| 23 33407 Country | 28 33407 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 PALM BEACH | 29 PALM BEACH | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registrant

 BROWN, WINSTON L
 1405 PARTERRE DRIVE
 WEST PALM BEACH FL 33417

Name and Address of New Registered Agent

 81 Name
 82 BROWN, WINSTON LLOYD
 83 3702 EASTVIEW AVE
 84 WEST PALM BEACH
 City FL 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | D | 1.1 TITLE | BROWN, WINSTON LLOYD Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | BROWN, WINSTON L DR | 1.2 NAME | 3702 EASTVIEW AVE |
| STREET ADDRESS | 220 NW 77 WAY | 1.3 STREET ADDRESS | WEST PALM BEACH, FL 33407 |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | WILKERSON, HERB REV | 2.2 NAME | |
| STREET ADDRESS | 816 NW FIRST AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | CURRIE, STEPHANIE MRS | 3.2 NAME | |
| STREET ADDRESS | 10901 GALAHAD ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)