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FILED
Aug 18, 2002 8:00 am
Secretary of State
07-14-2002 90050 027 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47786

1. Entity Name

CARIBBEAN SUPPORT MINISTRIES INC.

Principal Place of Business	Mailing Address
3702 EASTVIEW AVENUE WEST PALM BEACH FL 33407 US	P O BOX 221622 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
806 9th St	P.O. Box 221622
Suite, Apt. #, etc. Apt 5-6	Suite, Apt. #, etc.
City & State Lake Park	City & State West Palm Beach
Zip 33403 Country PALM BCH	Zip 33422 Country Palm Beach

4. FEI Number 65-0318243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D BROWN, WINSTON L 3702 EASTVIEW AVENUE WEST PALM BEACH FL 33407 Director	Name BROWN, WINSTON L - Director Street Address (P.O. Box Number is Not Acceptable) 806 9th St. SE. Apt 5-6 City Lake Park FL Zip Code 33403

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: W. S. Director 7-9-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, WINSTON L DR ~~3702 EASTVIEW AVENUE~~ ~~WEST PALM BEACH FL 33407~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Winston L. Brown #56 806 Lake Park SE Lake Park FL 33403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKERSON, HERB REV 816 NW FIRST AVE HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRIE, STEPHANIE MRS 10901 GALAHAD ST BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Winston L. Brown Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #