

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 013 ****61.25

DOCUMENT # N47786

1. Entity Name

CARIBBEAN SUPPORT MINISTRIES INC.



Principal Place of Business

Mailing Address

**806 9TH ST
APT 56
LAKE PARK FL 33403
US**

**P O BOX 221622
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BROWN, WINSTON L
806 9TH SE ATP 56
LAKE PARK FL 33403**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, WINSTON L DR	
STREET ADDRESS	806 9TH SE ATP 56	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, HERB REV	
STREET ADDRESS	816 NW FIRST AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRIE, STEPHANIE MRS	
STREET ADDRESS	10901 GALAHAD ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE REQUIRED

WINSTON BROWN **Aug. 23, 2004**

CR2E037 (4/03)

Attachment

August 23, 2004 # N47786 54072814
To - Division of Corporations
From - Winston Brown
Caribbean Support Ministries, Inc.
Re - N47786

1. I did make a request for a form since I am having problem filing on line.

Over the last 4 weeks I am on a project in the Caribbean not knowing it would be so difficult getting on line from here

2. I am using the 2003 form to file. If any problem please send me the correct one

3. I requested a copy of the Filing Document to satisfy the authorities here that I have a genuine corporation. If you have not yet done so please send this copy with cost.

Mail to: P.O. Box CP 5548
Castries, St Lucia