

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001938

FILED
Mar 15, 2005
Secretary of State

Entity Name: INTERNATIONAL MISSION BOARD, S.B.C., CARIBBEAN BASIN REGIONAL OFFICE, INC.

Current Principal Place of Business:

12020 N.W. 40 ST.
STE. 101
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

12020 N.W. 40 ST.
STE. 101
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0480564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, DICKIE W
12020 N.W. 40 ST.
STE. 101
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DAVIS, II, D. CARTER
12020 N.W. 40 ST.
STE. 101
CORAL SPRINGS, FL 33065 US

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: D. CARTER DAVIS, II

03/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, DICKIE W
Address: 12020 N.W. 40 ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: DAVIS, D. CARTER II
Address: 12020 N.W. 40 ST.
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: BAILLIO, STEPHEN E
Address: 12020 N.W. 40 ST.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TEMPLIN, PHIL
Address: 12020 N.W. 40 ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: D. CARTER DAVIS, II

SD

03/15/2005

Electronic Signature of Signing Officer or Director

Date