

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001938

FILED  
Mar 02, 2007  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TEMPLIN, PHIL  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: DAVIS, II D. CARTER

SD

03/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date