

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 001 ****70.00

DOCUMENT # N94000005841

1. Corporation Name

**CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, I
NC.**

Principal Place of Business

**1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Mailing Address

**LOWER ALL SAINTS ROAD. P.O. BOX 1517
ST. JOHN'S ANTIGUA
WEST INDIES**



2. Principal Place of Business

21 LOWER ALL SAINTS RD.

2a. Mailing Address

26

3. Date Incorporated or Qualified

11/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0580190

Applied For

Not Applicable

City & State

ST. JOHN'S

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

**ANTIGUA
W.I.**

Zip

Country

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 PD ☐ DELETE

NAME **AVRIL, ANTHONY**
STREET ADDRESS **POST OFFICE BOX 788**
CITY-ST-ZIP **CASTRIES ST. LUCIA W. INDIES**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME **MAULE, RAPHAEL**
STREET ADDRESS **C/O CYRIL SCOTT TANNIA LANE**
CITY-ST-ZIP **TRINIDAD WEST INDIES**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME **BENJAMIN, LONDEL**
STREET ADDRESS **POST OFFICE BOX 894 ST JOHN'S**
CITY-ST-ZIP **ANTIGUA, WEST INDIES**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME **GRANT, ARVEL**
STREET ADDRESS **POST OFFICE BOX 1142 ST JOHN'S**
CITY-ST-ZIP **ANTIGUA, WEST INDIES**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME **MARSON, LOLA**
STREET ADDRESS **111 1/2 HOPE ROAD**
CITY-ST-ZIP **KINGSTON 6, JAMAICA W.I.**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**111 1/2 OLD HOPE ROAD
KINGSTON 6, JAMAICA W.I.**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 617, 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 RECEIVED GRANT

99-09-07

Date

Daytime Phone #

**1-268-462-4111
1-268-462-6869**

CR2E037 (5/99)