

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90057 008 \*\*\*\*70.00

**DOCUMENT # N94000005841**

1. Entity Name  
**CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, INC.**



Principal Place of Business  
3800 INVERARY BLVD  
101-K  
LAUDERHILL, FL 33319

Mailing Address  
3800 INVERARY BLVD  
101-K  
LAUDERHILL, FL 33319

40020319



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0580190

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, ARVEL L  
3800 INVERARY BLVD  
SUITE 101-K  
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE PD  
NAME AVRIL, ANTHONY  
STREET ADDRESS % SLBWA, SANSOUCI, PO BOX 788  
CITY-ST-ZIP CASTRIES ST. LUCIA W. INDIES. ☐ Delete

TITLE VD  
NAME MAULE, RAPHAEL  
STREET ADDRESS 318, MELODIANS CRESCENT, MALABAR  
CITY-ST-ZIP ARIMA, TRINIDAD W.I., ☐ Delete

TITLE TD  
NAME BENJAMIN, LONDEL  
STREET ADDRESS BUCKLEYS VILLAGE, PO BOX 337  
CITY-ST-ZIP ST JOHNS, ANTIGUA W.I., ☐ Delete

TITLE SD  
NAME GRANT, ARVEL L  
STREET ADDRESS CCB, ALL SAINTS RD, PO BOX 1517  
CITY-ST-ZIP ST JOHN'S, ANTIGUA, W.I., ☐ Delete

TITLE D  
NAME MARSON, LOLA  
STREET ADDRESS 13, NORTHEAST, 12TH AVE, PO BOX 8178  
CITY-ST-ZIP ST CATHERINE, JAMAICA, W.I., ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ARVEL GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13.02.07-1268  
(462411)