

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005841

FILED
Mar 11, 2009
Secretary of State

Entity Name: CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, INC.

Current Principal Place of Business:

3800 INVERARY BLVD
101-K
LAUDERHILL, FL 33319

New Principal Place of Business:

3800 INVERRARY BLVD
101-K
LAUDERHILL, FL 33319 US

Current Mailing Address:

3800 INVERARY BLVD
101-K
LAUDERHILL, FL 33319

New Mailing Address:

3800 INVERRARY BLVD
101-K
LAUDERHILL, FL 33319 US

FEI Number: 65-0580190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVRIL, ANTHONY
Address: % SLBWA, SANSOUCI, PO BOX 788
City-St-Zip: CASTRIES ST. LUCIA W. INDIES,

Title: VD () Delete
Name: MAULE, RAPHAEL
Address: 318, MELODIANS CRESCENT, MALABAR
City-St-Zip: ARIMA, TRINIDAD W.I.,

Title: TD () Delete
Name: BENJAMIN, LONDEL
Address: BUCKLEYS VILLAGE, PO BOX 337
City-St-Zip: ST JOHNS, ANTIGUA W.I.,

Title: SD () Delete
Name: GRANT, ARVEL L
Address: CCB, ALL SAINTS RD, PO BOX 1517
City-St-Zip: ST JOHN'S, ANTIGUA, W.I.,

Title: D () Delete
Name: MARSON, LOLA
Address: 13, NORTHEAST, 12TH AVE, PO BOX 8178
City-St-Zip: ST CATHERINE, JAMAICA, W.I.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AVRIL, ANTHONY
Address: C/O SLBWA, SANSOUCI, PO BOX 788
City-St-Zip: CASTRIES, ST. LUCIA, WI N/A

Title: VD (X) Change () Addition
Name: MAULE, RAPHAEL
Address: 318, MELODIANS CRESCENT, MALABAR
City-St-Zip: ARIMA, TRINIDAD, WI N/A

Title: TD (X) Change () Addition
Name: BENJAMIN, LONDEL
Address: BUCKLEYS VILLAGE, PO BOX 337
City-St-Zip: ST JOHNS, ANTIGUA, WI N/A

Title: SD (X) Change () Addition
Name: GRANT, ARVEL L
Address: C/O CCB, ALL SAINTS RD, PO BOX 1517
City-St-Zip: ST JOHN'S, ANTIGUA, WI N/A

Title: D (X) Change () Addition
Name: MARSON, LOLA
Address: 13, NORTHEAST, 12TH AVE, PO BOX 8178
City-St-Zip: ST CATHERINE, JAMAICA, WI N/A

I hereby certify that the information supplied with this filing does not qualify 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: ARVEL L. GRANT

SD

03/11/2009

Electronic Signature of Signing Officer or Director

Date