

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005841

FILED  
Mar 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3800 INVERRARY BLVD  
101-K  
LAUDERHILL, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

3800 INVERRARY BLVD  
101-K  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

**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 INVERRARY BLVD  
SUITE 101-K  
LAUDERHILL, FL 33319 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  
Name: AVRIL, ANTHONY  
Address: C/O SLBWA, SANSOUCI, PO BOX 788  
City-St-Zip: CASTRIES, ST. LUCIA, WI N/A

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

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

Title: SD  
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  
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 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 all other like empowered.

SIGNATURE: ARVEL L. GRANT

SD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date