

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710194

Entity Name: FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.**Current Principal Place of Business:**1326 WYNGATE DR
LAKELAND, FL 33809**Current Mailing Address:**P O BOX 91865
LAKELAND, FL 33804-1865 US**FEI Number: 59-1459720****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, STEVE
1326 WYNGATE DR
LAKELAND, FL 33809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PD
Name SMITH, STEVE
Address 1326 WYNGATE DR
City-State-Zip: LAKELAND FL 33809Title T
Name AMOS, EUGENE
Address 7500 ALHAMBRA BLVD.
City-State-Zip: MIRAMAR FLTitle T
Name PHILLIPS, MERCIDIEU
Address 538 WHISPERING WIND
City-State-Zip: LEHIGH ACRES FL 33970Title T
Name HAWKINS, HARVEY
Address 6904 SUMMERBRIDGE DRIVE
City-State-Zip: TAMPA FL 33634Title T
Name SMITH, SHIRLEY
Address 1326 WYNGATE DRIVE
City-State-Zip: LAKELAND FL 33809Title S
Name ROSS, JOANN J
Address 13965 ROCKRIDGE ROAD
City-State-Zip: LAKELAND FL 33809

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: JOANN J ROSS**SECRETARY****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date