

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009416

**Entity Name:** THE CARIBBEAN INSTITUTE FOR SUSTAINABLE DEVELOPMENT, INC.

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC8691714445**

**Current Principal Place of Business:**

112 NE 88TH STREET  
EL PORTAL, FL 33138

**Current Mailing Address:**

112 NE 88TH STREET  
EL PORTAL, FL 33138 US

**FEI Number: 27-3710221**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LAURENT, BERTRAND H  
112 NE 88TH STREET  
EL PORTAL, FL 33138 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            PRES  
Name            LAURENT, BERTRAND H  
Address        112 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            VP  
Name            THORMODSGAARD, JULIE E  
Address        112 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            TREA  
Name            HART, DONALD  
Address        112 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            DIR  
Name            PIERRE, YVES-FRANCOIS  
Address        112 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            SEC  
Name            HOGARTH, HENRY  
Address        112 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

*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: BERTRAND LAURENT**

**PRESIDENT**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date