


FILED
Feb 24, 2006 8:00 am
Secretary of State

01-23-2006 90117 036 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000000500					
1. Entity Name THE BLESSED MOTHER CHARITY INC					
Principal Place of Business 5353 GRAND BANKS BLVD GREENACRES, FL 33463			Mailing Address 5353 GRAND BANKS BLVD GREENACRES, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2183691			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HIRSCH AND COMPANY CPAS INC 175 W CAMINO REAL BOCA RATON, FL 33432			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BELLANTON, JEANNETTE	5353 GRAND BANKS BLVD		NAME	
CITY-ST-ZIP	GREENACRES, FL 33463			STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VALAN, FRANZ	564 RUE PATION		NAME	
CITY-ST-ZIP	ST MARC HAITI,			STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D'HAITI, RONY	8 RUE NORMIL CHARLES		NAME	
CITY-ST-ZIP	ST MARC HAITI,			STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ELAN, BIENETTA	701 SW ESTATE AVENUE		NAME	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953			STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROUSSEAU, MARIE B	50 RUELLE BELOT, CARRE FOUR VINCENT		NAME	
CITY-ST-ZIP	PORT AU PRINCE, HAITI,			STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME	
CITY-ST-ZIP				STREET ADDRESS	
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: <u>J. Bellanton Jeannette Bellanton</u> 1/17/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Time Phone #					

66002490



01182006 Chg-NP CR2E037 (11/05)



ATTACHMENT
66002490

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

THE BLESSED MOTHER CHARITY INC
5353 GRAND BANKS BLVD
GREENACRES, FL 33463

Subject: **THE BLESSED MOTHER CHARITY INC**

Reference Number: **N05000000500**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION