


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90072 007 \*\*\*\*70.00

**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 No P.O. Box #  
**5353 Grand Banks Blvd**  
 Suite, Apt. #, etc.  
**Greenacres**  
 City & State  
**FL**

3. Mailing Address  
 Suite, Apt. #, etc. **Same**  
 City & State

Zip **33463** Country

Zip Country

10091000



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2183691**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **Hirsch and Company CPAS INC.** DATE **3/15/07**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BELLANTON, JEANNETTE	5353 GRAND BANKS BLVD	GREENACRES, FL 33463	<input type="checkbox"/>
D	VALAN, FRANZ	564 RUE PATION	ST MARC HAITI,	<input type="checkbox"/>
D	D'HAITI, RONY	8 RUE NORMIL-CHARLES	ST MARC HAITI,	<input type="checkbox"/>
D	ELAN, BIENETTA	701 SW ESTATE AVENUE	PORT ST LUCIE, FL 34953	<input type="checkbox"/>
D	ROUSSEAU, MARIE B	50 RUELLE BELOT, CARRE FOUR VINCENT	PORT AU PRINCE, HAITI,	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*please make correction to my spelling*

**Valan FRANTZ**

*please correct spelling*

**ELAN BIENETTA**

**ROUSSEAU MARIE BELLANTON**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeannette Bellanton** DATE: **3/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

**(561) 964-0363**

40041686

ATTACHMENT

# N05000000500

Please make correction  
to the following misspelling  
officers names

#10 D

- ① Valcin Frantz
- ② ELAN BIENATTA
- ③ ELAN BIENATTA.

Thank you very much.

Jannette Blanton  
Director.