

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000486

FILED
Apr 29, 2009
Secretary of State

Entity Name: AMERICAN MUSEUM OF CREOLE CULTURES FOUNDATION, INC.

Current Principal Place of Business:

2800 W. OAKLAND PARK BLVD.
SUITE 1018
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2800 W. OAKLAND PARK BLVD.
SUITE 1018
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLIEN-FELIX, SABINE
1900 S OCEAN BLVD.
SUITE 15N
LAUDERDALE BY THE SEA, FL 33062 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: P () Delete
Name: MILLIEN-FELIX, SABINE
Address: 1900 S. OCEAN BLVD.
City-St-Zip: LAUDERDALE, FL 33062

Title: V () Delete
Name: HENAO, CESAR
Address: 95 BOULEVARD BERTHIER
City-St-Zip: PARIS 75017, OC

Title: T () Delete
Name: COUVEZ, ANNIE
Address: 95 BOULEVARD BERTHIER
City-St-Zip: PARIS 75017, OC

Title: MEM () Delete
Name: KESLER, DIDIER
Address: 95 BOULEVARD BERTHIER
City-St-Zip: PARIS 75017, OC

Title: MEM () Delete
Name: VOYARD, RANDOLPH
Address: 3740 INVERRARY DR.
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SABINE MILLIEN-FELIX

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date