

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 034 ****70.00

DOCUMENT # N99000007108					
1. Entity Name STRUGGLED BUT NOT ALONE, INC.					
Principal Place of Business 420 NE 142ND STREET MIAMI, FL 33161			Mailing Address 420 NE 142ND STREET- MIAMI, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0967322	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. JULLEN, LUNA 420 NE 142 STREET NORTH MIAMI, FL 33161			Name Luna M. Deslandes		
			Street Address (P.O. Box Number is Not Acceptable) 420 NE 142nd Street		
			City North Miami, FL Zip Code 33161		
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 <u>Luna M. Deslandes, President</u> <i>Luna M. Deslandes</i> <u>2-3-2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ST. JULIEN, LUNA STREET ADDRESS 420 NE 142ND STREET CITY-ST-ZIP N MIAMI, FL 33161	☒ Delete		TITLE President NAME Luna M. Deslandes STREET ADDRESS 420 NE 142nd Street, North Miami 33161 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VP NAME PASCAL, EDITH STREET ADDRESS 17825 NW 19 AVE. CITY-ST-ZIP MIAMI, FL 33169	☒ Delete		TITLE Chair NAME Guettie Joseph STREET ADDRESS 14825 NE 5th Ave., Miami FL 33161 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE TCD NAME JOSEPH, CUETTIE STREET ADDRESS 14825 NE 5 AVE. CITY-ST-ZIP MIAMI, FL 33161	☒ Delete		TITLE Vice-Chair NAME Marie Jose Jerome STREET ADDRESS 4011 Kings Hwy., #1-B, Bklyn, NY 11234 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE ST NAME LAPLANTE, YVA STREET ADDRESS 13105 NE 6 AVE. #18 CITY-ST-ZIP NORTH MIAMI, FL 33161	☒ Delete		TITLE Secretary NAME Marie Carmel Momplaisir STREET ADDRESS 20310 NE 12 Court, No.Mia.Bch, FL 33179 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE D NAME JEROME, MARIE J STREET ADDRESS 1249 OCEAN AVE. #1-H CITY-ST-ZIP BROOKLYN, NY	☒ Delete		TITLE Bookkeeper/Project Adm. NAME Marc Emmanuel Deslandes STREET ADDRESS 420 NE 142nd Street, No. Mia., FL 33161 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE PD NAME MATTHIEU, TECHELINE STREET ADDRESS 120 NE 59 ST. CITY-ST-ZIP MIAMI, FL 33137	☒ Delete		TITLE Program Director NAME Matthieu, Techeline STREET ADDRESS 120 NE 59 Street, Miami, FL 33137 CITY-ST-ZIP	☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Luna M. Deslandes</u> <i>Luna M. Deslandes</i> <u>2/3/2004</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					