## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007959

Entity Name: ILORMISE'S LEGAL CLINIC- HAITI EDUCATION FUND, INC.

**FILED** Apr 25, 2013 **Secretary of State** CC0162985796

#### **Current Principal Place of Business:**

3870 68TH AVENUE NE NAPLES, FL 34120

## **Current Mailing Address:**

3870 68TH AVENUE NE NAPLES, FL 34120

FEI Number: 42-1737877 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SENECHARLES, FRANKLIN 3870 68TH AVE NE NAPLES, FL 34120 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 Title EVP

CENECHARLES, HILDA Name SENECHARLES, JUNIACE Name 3870 68TH AVENUE, NE 20140 NE 3RD COURT, #7 Address Address City-State-Zip: NAPLES FL 34120

City-State-Zip: MIAMI FL 33179

Title ΕD

Name SENECHARLES, FRANKLIN Address 3870 68TH AVENUE, NE City-State-Zip: NAPLES FL 34120

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: FRANKLIN SENECHARLES

**EXECUTIVE DIRECTOR** 

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date