

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004456

Entity Name: BRIGHT FUTURES FOR THOMAZEAU ORGANIZATION, INC**Current Principal Place of Business:**C/O ANSSIE BLOT
14810 TETHERCLIFT ST
DAVIE, FL 33331**Current Mailing Address:**C/O ANSSIE BLOT
14810 TETHERCLIFT ST
DAVIE, FL 33331**FEI Number:** 42-1768029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLOT, ANSSIE
14810 TETHERCLIFT ST
DAVIE, FL 33331 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	P
Name	BLOT, ANSSIE
Address	14810 TETHERCLIFT ST
City-State-Zip:	DAVIE FL 33331

Title	VP
Name	JUSTILIEN, ELSIE
Address	3860 SW 147 AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	TREA
Name	DESSOURCES, MARLENE
Address	1550 MW 159 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	SEC
Name	BLOT, CHARLES
Address	14810 TETHERCLIFT
City-State-Zip:	DAVIE FL 33331

Title	PR
Name	PRESSIN, CAROL
Address	1521 LA COSTA DR E
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AC
Name	ROBBINS, SANDY LMRS
Address	16855 SW 6TH ST
City-State-Zip:	PEMBROKE PINES FL 33027

Title	ASST. TREASURER
Name	PIERRE-JEROME, ERIC
Address	C/O ANSSIE BLOT 14810 TETHERCLIFT ST
City-State-Zip:	DAVIE FL 33331

Title	DIRECTOR -AT -LARGE
Name	SIMMONS, CHRISTINE
Address	C/O ANSSIE BLOT 14810 TETHERCLIFT ST
City-State-Zip:	DAVIE FL 33331

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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: ANSSIE BLOT**PRESIDENT****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DRIECTOR-AT- LARGE
Name ADKINS, NIKKI
Address C/O ANSSIE BLOT
 14810 TETHERCLIFT ST
City-State-Zip: DAVIE FL 33331

Title DIRECTOR-AT- LARGE
Name SIMMONS, CASSANDRA
Address C/O ANSSIE BLOT
 14810 TETHERCLIFT ST
City-State-Zip: DAVIE FL 33331