

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011691

**FILED**  
**Feb 03, 2020**  
**Secretary of State**  
**2274939979CC**

**Entity Name:** FONDATION LA VOIE-AID (FONVAID), INC.

**Current Principal Place of Business:**

299 NW 104 STREET  
MIAMI, FL 33150

**Current Mailing Address:**

299 NW 104 STREET  
MIAMI, FL 33150

**FEI Number: 27-0860969**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PIERRE, SANDRA  
299 NW 104 STREET  
MIAMI, FL 33150 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 JEUNE, VIVIANE  
Address 299 NW 104 STREET  
City-State-Zip: MIAMI FL 33150

Title S  
Name GEORGES, FRANCESSE  
Address 3250 SWEET WATER ROAD, APT 219  
City-State-Zip: LAWRENCEVILLE GA 30044

Title D  
Name BOGAT, EDITH M  
Address 2544 HARMAN PARK CIRCLE  
City-State-Zip: DULUTH GA 30097

Title D  
Name LALOI, MARIE C  
Address 1307 HOWARD AVE  
City-State-Zip: BRIDGEPORT CT 06605

Title D  
Name MCCOY, CELICIA  
Address 197 BLUE HILLS PKWY  
City-State-Zip: MILTON MA 02186

*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: MARIE VIVIANE P. JEUNE**

**PRESIDENT**

**02/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date