

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007578

**Entity Name:** EDVARD ST.JUSTE SPORTS FOUNDATION, INC.

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC5248677273**

**Current Principal Place of Business:**

P.O  
BOX 246627  
PEMBROKE PINE, FL 33024-6627

**Current Mailing Address:**

7920 PLANTATION BLVD  
MIRAMAR, FL 33023 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ST JUSTE, EDVARD  
P.O  
BOX 246627  
PEMBROKE PINE, FL 33024-6627 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 PD  
Name ST JUSTE, EDVARD  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title TD  
Name SACHAGNE, LORHIS  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title VP  
Name JOSEPH, VALENTINE  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title S  
Name SANON, REYNALD  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title DIRECTOR  
Name JEAN-LOUIS, YSEULT  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title DIRECTOR  
Name TIMOTHEE, GUERDA  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title DIRECTOR  
Name SATURNE, SAMUEL  
Address P.O  
BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

Title DIRECTOR  
Name JOSEPH, SCHILLER  
Address P.O BOX 246627  
City-State-Zip: PEMBROKE PINE FL 33024-6627

*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: EDVARD STJUSTE**

**PRESIDENT**

**04/10/2018**

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

\_\_\_\_\_  
Date