

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006309

Entity Name: THE OCTAVE'S FAMILY FOUNDATION, INC.**Current Principal Place of Business:**14424 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484**Current Mailing Address:**14424 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OCTAVE, VENES
14424 SOUT MILITARY TRAIL
DELRAY BEACH, FL 33484 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	OCTAVE, DIEUNEL
Address	462 KESTOR DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	S
Name	OCTAVE, FRITZNEL
Address	2857 CARAMBOLA CIRCLE SOUTH
City-State-Zip:	COCONUT CREEK FL 33066

Title	M
Name	ST MARTIN, JEAN RENEL
Address	731 NW 19TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	VP
Name	OCTAVE, VENES
Address	19622 DINNER KEY DRIVE
City-State-Zip:	BOCA RATON FL 33498

Title	T
Name	OCTAVE, CEREMY
Address	800 NE 41ST STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	A
Name	OCTAVE, JOSEPH
Address	5330 NE 10TH AVENUE
City-State-Zip:	POMPNO BEACH FL 33064

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: VENES OCTAVE

VP

04/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date