

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004754

**Entity Name:** ASSOCIATION LA SAINTE FAMILLE, INC.**Current Principal Place of Business:**636 BARBER AVE.  
LAKE WORTH, FL 33461**Current Mailing Address:**P.O. BOX 20632  
WEST PALM BEACH, FL 33416 US**FEI Number: 47-4110462****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THE LAW OFFICES OF JAMES JEAN-FRANCOIS, P.  
6100 HOLLYWOOD BLVD.  
SUITE 211  
HOLLYWOOD, FL 33024 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/D
Name	ESTINE, GESNER
Address	636 BARBER AVE.
City-State-Zip:	LAKE WORTH FL 33461

Title	TREASURER
Name	ANDRE, CELINE
Address	151 NW 64TH STREET
City-State-Zip:	MIAMI FL 33150

Title	CO-PRESIDENT
Name	ESTINE, JAMOSE
Address	636 BARBER AVE
City-State-Zip:	LAKE WORTH FL 33461

Title	VP
Name	EUGENE, GERDA
Address	1535 NE 138TH STREET
City-State-Zip:	MIAMI FL 33161

Title	SECRETARY
Name	MONFISTON, BERNADETTE
Address	14871 SW 158TH STREET
City-State-Zip:	MIAMI FL 33187

Title	DIRECTOR
Name	LAVENTURE, AUDAIN
Address	280 NE 175 STREET
City-State-Zip:	MIAMI FL 33162

Title	VP
Name	ESAU, RAMEAU
Address	321 NW 96TH STREET
City-State-Zip:	MIAMI FL 33150

Title	DIRECTOR
Name	LAMBERT, GELAN
Address	483 NW 119TH STREET
City-State-Zip:	MIAMI FL 33168

**Continues on page 2**

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: GESNER ESTINE**

P/D

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CELESTIN, ROSE CARMEL
Address	16474 SW 27TH STREET
City-State-Zip:	MIRAMAR FL 33027