2024 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

Name and Address of Current Registered Agent:

THE LAW OFFICES OF JAMES JEAN-FRANCOIS, P. 6100 HOLLYWOOD BLVD. SUITE 211 HOLLYWOOD, FL 33024 US FILED Feb 06, 2024 Secretary of State 8429340824CC

Certificate of Status Desired: Yes

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

Officer/Director Detail :

OmeenDire			
Title	P/D	Title	SECRETARY
Name	ESTINE, GESNER	Name	MONFISTON, BERNADETTE
Address	636 BARBER AVE.	Address	14871 SW 158TH STREET
City-State-Zip:	LAKE WORTH FL 33461	City-State-Zip:	MIAMI FL 33187
Title	DIRECTOR	Title	CO-PRESIDENT
Name	LAVENTURE, AUDAIN	Name	ESTINE, JAMOSE
Address	280 NE 175 STREET	Address	636 BARBER AVE
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	LAKE WORTH FL 33461
Title	VP	Title	VP
Title Name	VP ESAU, RAMEAU	Title Name	VP EUGENE, GERDA
Name	ESAU, RAMEAU	Name	EUGENE, GERDA
Name Address	ESAU, RAMEAU 321 NW 96TH STREET	Name Address	EUGENE, GERDA 1535 NE 138TH STREET
Name Address City-State-Zip:	ESAU, RAMEAU 321 NW 96TH STREET MIAMI FL 33150	Name Address City-State-Zip:	EUGENE, GERDA 1535 NE 138TH STREET MIAMI FL 33161
Name Address City-State-Zip: Title	ESAU, RAMEAU 321 NW 96TH STREET MIAMI FL 33150 DIRECTOR	Name Address City-State-Zip: Title	EUGENE, GERDA 1535 NE 138TH STREET MIAMI FL 33161 DIRECTOR
Name Address City-State-Zip: Title Name	ESAU, RAMEAU 321 NW 96TH STREET MIAMI FL 33150 DIRECTOR LAMBERT, GELAN	Name Address City-State-Zip: Title Name	EUGENE, GERDA 1535 NE 138TH STREET MIAMI FL 33161 DIRECTOR CELESTIN, ROSE CARMEL 16474 SW 27TH STREET

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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: GESNER ESTINE

PRESIDENT

02/06/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	SIMON, LOUIS GEORGES
Address	6029 PIERCE STREET
City-State-Zip:	HOLLYWOOD FL 33024