

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000431

**FILED**  
**Mar 06, 2019**  
**Secretary of State**  
**8950140371CC**

**Entity Name:** SENEVE FOUNDATION INC

**Current Principal Place of Business:**

1506 TROPICAL DR.  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1506 TROPICAL DR.  
LAKE WORTH, FL 33460 US

**FEI Number: 82-5084599**

**Certificate of Status Desired: No**

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

ACCEUS, CEDIE  
1506 TROPICAL DR.  
LAKE WORTH, FL 33460 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 ACCEUS, CEDIE  
Address 1506 TROPICAL DR.  
City-State-Zip: LAKE WORTH FL 33460

Title S  
Name ACCEUS, CARMICITA  
Address 1506 TROPICAL DR.  
City-State-Zip: LAKE WORTH FL 33460

Title VP  
Name PIERRE OTARIS, GISLEINE  
Address RUE CORNEILLE #7, TORCELLE  
City-State-Zip: PORT-AU-PRINCE, HAITI OC

Title VP  
Name NORMIL, FARES  
Address 1356 CREST DR.  
City-State-Zip: LAKE WORTH FL 33461

*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: CEDIE ACCEUS**

**MANAGER**

**03/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date