

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012218

**Entity Name:** MEN ANSANM POU LAGONAV, INC

**Current Principal Place of Business:**

20 LLOLEETA PATH  
PALM COAST, FL 32164

**Current Mailing Address:**

20 LLOLEETA PATH  
PALM COAST, FL 32164 US

**FEI Number:** 85-3696502

**Certificate of Status Desired:** No

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

CENECHARLES, DIEUCINE  
20 LLOLEETA PATH  
PALM COAST, FL 32164 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 V  
Name CENECHARLES, DIEUCINE  
Address 20 LLOLEETA PATH  
City-State-Zip: PALM COAST FL 32164

Title S  
Name COLIN, AGARD  
Address 8034 TORRO CT  
City-State-Zip: ORLANDO FL 32810

Title AV  
Name MARCELIN, ADAMS  
Address 328 ASHBOURNE AVENUE  
City-State-Zip: ORLANDO FL 32164

Title T  
Name MARES, MIRLANDE  
Address 750 SE LANSDOWNE AVENUE  
City-State-Zip: PORT ST LUCIE FL 34983

Title O  
Name MARCELIN, SAINTE HELENE  
Address 3044 BELLINGHAM DRIVE  
City-State-Zip: ORLANDO FL 32825

Title V  
Name MARES, MIRLANDE  
Address 750 SE LANSDOWN AVENUE  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** CENECHARLES, DIEUCINE

**PRESIDENT**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date