

**2023 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:** DIEUCINE CENECHARLES

V

03/12/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date