

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001130

**Entity Name:** BAIE-DE-HENNE FOUNDATION-AKL, INC.

**Current Principal Place of Business:**

7725 EMBASSY BLVD  
MIRAMAR, FL 33023

**Current Mailing Address:**

7725 EMBASSY BLVD  
MIRAMAR, FL 33023 US

**FEI Number:** 87-1705001

**Certificate of Status Desired:** No

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

GABRIEL-METAYER, JENNY  
13619 SW 33RD CIRCLE  
OCALA, FL 34473 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:** JENNY GABRIEL-METAYER

03/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/TREASURER  
Name            MORISSET, HUGENS MR.  
Address        415 SW 15TH  
City-State-Zip: POMPANO BEACH FL 33060

Title            VP  
Name            JUSTIN, VOLVICK MR.  
Address        900 KINGS RIDGE CIRCLE  
City-State-Zip: GOTHA FL 33734

Title            SEC  
Name            VILDORIN, CHEDLET MR.  
Address        89-14 216TH STREET  
City-State-Zip: QUEENS NY 11427

Title            CHIEF OF MARKETING  
Name            BERMANE, SHINDA MS  
Address        23511 ALISO CREEK RD APT 17  
City-State-Zip: ALISO VIEJO CA 92656

Title            PUBLIC RELATION, SECRETARY  
Name            JOSEPH, PERGOT MR.  
Address        7725 EMBASSY BLVD  
City-State-Zip: MIRAMAR FL 33023

Title            ADVISOR, MARKETING  
Name            MAURICETTE, NADIA MS.  
Address        916 GRANDE ALLEE  
City-State-Zip: REPENTIGNY

Title            MARKETING MANAGEMENT  
Name            VILDORIN-NOEL, MEDWIDCHE MRS.  
Address        36 CATLIN AVE  
City-State-Zip: ROOSEVELT NY 11575

*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:** HUGENS MORISSET

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date