

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001967

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** FONDATION LOUIS ANDRE BENOIT CHRYSOSTOME D'APPUI AU DEVELOPPMENT INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

3321 OVILA-HAMEL  
ST HUBERT, QC J 3Y 8P5 CA

**New Principal Place of Business:**

**Current Mailing Address:**

3321 OVILA-HAMEL  
ST HUBERT, QC J 3Y 8P5 CA

**New Mailing Address:**

**FEI Number:** 65-1308968      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHRYSOSTOME, PATRICK  
141 MEADOWLANDS DR.  
ROYAL PALM BEACH, FL 33411 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHRYSOSTOME, MYRENE DR  
**Address:** 3321 OVILA-HAMEL  
**City-St-Zip:** ST HUBERT, QC J 3Y 8P5 CA

**Title:** VP  
**Name:** CHRYSOSTOME, MARC-ANDRE  
**Address:** 5 IMPASSE CHARLES RUEMENOS, FONTAMARA 43  
**City-St-Zip:** PORT-AU-PRINCE, NA 011509 HA

**Title:** VP  
**Name:** COQUILLO, GARY  
**Address:** 26 IMPASSE CALA DELMAS 33  
**City-St-Zip:** PORT-AU-PRINCE, NA 011509 HA

**Title:** S  
**Name:** GABRIEL, LYDIE  
**Address:** 3321 OVILA-HAMEL  
**City-St-Zip:** ST HUBERT, QC J 3Y 8P5 CA

**Title:** S  
**Name:** BLEMUR, MARQUERITE  
**Address:** 10301 SW 147 CT CIR #4  
**City-St-Zip:** MIAMI, FL 33196 US

**Title:** T  
**Name:** COQUILLO, THORY  
**Address:** 39 HADLEY LANE  
**City-St-Zip:** WILLINGBORO, NJ 08046 US

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: DR. MYRENE CHRYSOSTOME

P

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date