

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002963

1. Entity Name
VOIX LA TORTUE NONPROFIT ORGANIZATION, INC.



Principal Place of Business
**12815 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161**

Mailing Address
**12815 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161**



03262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0554605

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOUIS-JEUNE, ACIO
12815 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUIS-JEUNE, ACIO
STREET ADDRESS 12815 N.E. 11TH AVENUE
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE S
NAME CHESTER-FOLKES, NORMA
STREET ADDRESS 11100 SW 197 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE TR
NAME LOUIS-JEUNE, GERRY
STREET ADDRESS 2917 NW 48 STREET
CITY-ST-ZIP TAMARAC, FL

TITLE D
NAME CHERY, REGINA
STREET ADDRESS 1035 N.E. 125 STREET, #100
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE D
NAME STIMPHIL, ROCK R
STREET ADDRESS 1035 N.E. 125 STREET, #100
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687462
04/10/07-80040-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-07
Date Daytime Phone #