

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90010 041 \*\*\*\*70.00

**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**



05222008 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 September 12, 2008**

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, GUERRY  
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

**DO NOT WRITE  
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

Date

Daytime Phone #