

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003724

FILED
Jan 31, 2009
Secretary of State

Entity Name: AMHE FOUNDATION SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

601 EAST SAMPLE RD
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

4330 W BROWARD BLVD
STE # T
PLANTATION, FL 33317 US

Current Mailing Address:

601 EAST SAMPLE RD
POMPANO BEACH, FL 33064 US

New Mailing Address:

4330 W BROWARD BLVD
STE# T
PLANTATION, FL 33317 US

FEI Number: 02-0604141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOIS, JEAN-CLAUDE
601 EAST SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

MERISIER, HEROLD
4330 W BROWARD BLVD
STE # T
PLANTATION, FL 33317 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: HEROLD MERISIER

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH D.O, SMITH
Address: 601 EAST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VPS () Delete
Name: MOISE M.D, FRANCELOT
Address: 601 EAST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VPT () Delete
Name: DUBOIS M.D, JEAN-CLAUDE
Address: 601 EAST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERISIER, HEROLD
Address: 4330 W BROWARD BLVD STE# T
City-St-Zip: PLANTATION, FL 33017 US

Title: VPS (X) Change () Addition
Name: MOISE M.D, FRANCELOT
Address: 4330 W BROWARD BLVD STE# T
City-St-Zip: PLANTATION, FL 33317 US

Title: VPT (X) Change () Addition
Name: ROUZIER, MAGALY
Address: 4330 W BROWARD BLVD STE# T
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HEROLD MERISIER

P

01/31/2009

Electronic Signature of Signing Officer or Director

Date