

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90137 012 \*\*\*\*70.00

**DOCUMENT # N02000005480**

1. Entity Name  
**REVEILLONS-NOUS/AWAKE FAMILY PROGRAM INC.**



Principal Place of Business  
**11905 W. BISCAYNE CANAL ROAD  
MIAMI, FL 33161**

Mailing Address  
**11905 W. BISCAYNE CANAL ROAD  
MIAMI, FL 33161**



04282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0525433**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VILSON, YVANE  
11905 W. BISCAYNE CANAL ROAD  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME VILSON, YVANE  
STREET ADDRESS 11905 W. BISCAYNE CANAL ROAD  
CITY-ST-ZIP MIAMI, FL 33161

TITLE TD  
NAME DESROSIERS, ROSELAURE  
STREET ADDRESS 12095 87TH STREET NORTH  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE SD  
NAME MARIE-JEAN, NANCY  
STREET ADDRESS 7696 WALK-PORT-CIRCLE  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VD  
NAME POLYNICE, GUY  
STREET ADDRESS 11905 W. BISCAYNE CANAL ROAD  
CITY-ST-ZIP MIAMI, FL 33161

TITLE SD  
NAME MATHIAS, NADINE  
STREET ADDRESS 11905 W. BISCAYNE CANAL ROAD  
CITY-ST-ZIP MIAMI, FL 33161

TITLE D  
NAME ISLA, GUY-ALAIN  
STREET ADDRESS 11905 W. BISCAYNE CANAL ROAD  
CITY-ST-ZIP MIAMI, FL 33161

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/28/05 786-419-6907