

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

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008161**

1. Entity Name  
**ASSOCIATION POUR LA FORMATION  
SOCIO-CULTURELLE ET SPORTIVE DES  
JEAN-RABELIENS/NES (AFCS-JR), IN**



Principal Place of Business  
**6411 HARBOR BEND  
POMPANO BEACH, FL 33063**

Mailing Address  
**6411 HARBOR BEND  
POMPANO BEACH, FL 33063**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0650190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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	PREVILON, JEAN LEVERT
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

TITLE	VMD
NAME	AUGUSTE, ROSNY P
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

TITLE	V
NAME	CIVIL, RICKARD
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

TITLE	S
NAME	MYRTIL, JOSEPH R
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

TITLE	TD
NAME	INNOCENT, WILSON
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

TITLE	D
NAME	HYPPOKITE, FRANCK
STREET ADDRESS	6411 HARBOR BEND
CITY - ST - ZIP	POMPANO BEACH, FL 33063

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03/07/07-80067-002 75.00

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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:**

*AUGUSTE ROSNY PIERRE* **AUGUSTE ROSNY PIERRE** 02/15/2007 (954) 605-0880  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone