1643

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003639

1. Entity Name
INTERNATIONAL COALITION OF FAMILY FOR EDUCATION, CORP.

FILED
04 NOV -9 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1632 NW 15 TERRACE FT LAUDERDALE, FL 33311	1632 NW 15 TERRACE FT LAUDERDALE, FL 33311

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1632 NW 15 Terrace	1632 NW 15 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL	Fort Lauderdale, FL
City & State	City & State
Zip: 33311 Country: Broward	Zip: 33311 Country: Broward

4. FEI Number ~~N03000003639~~ 87-0085980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MELUS, MEDICOUR
1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

City **FL** Zip Code

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 Medicoeur Melus 4/22/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MELUS, MEDICOEUR 1632 NW 15 TERRACE FT LAUDERDALE, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CELESTIN, DELIUS 1545 NW 14TH CIRCLE #153 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOLTAIRE, WISVICK 1505 NW 14TH CIRCLE #165 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/01/04-01078-002 **62.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EXAVIER, LUSCIANAIS 401 NW 7TH STREET FT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11/15 ☐ Change ☐ Addition

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: _____ 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 954 763-3861

2013

Department of State
Division of Corporations
P.O. Box 6723
Tallahassee, Florida 32314

10-27-04

International Coalition of family for Education, Corp.
1632 NW 15th Terrace
Fort Lauderdale, Florida 33311

Ref: N03000003639

To Whom It May Concern:

As per my phone conversation today I was instructed to explain my situation relating to the UBR report for 2004.
Enclosed you will find our copy of our UBR report with a copy of the Money order. To our surprise we have been notified by your department that our non-profit corporation has been terminated, In addition we never received any notice that our corporation with the state was going to expire. I am at your mercy to grant us the right to renew our corporation.
Attached you will find our check as well as a computer generated renewal form from the internet along with our renewal check of $62.50.
I greatly appreciate your understanding in this matter.

Sincerely

Melus Medicoeur, President/ Registered Agent

Ps If at this time you have any questions please feel free to give me a call at (954) 763-3860

3 of 3

[redacted]

To: Michelle Milligan From: Medicare Melus

Fax: (850) 245-6017 Pages: 2

Phone: Date: 11/9/04

Re: Melus, Medicare

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

To whom it may concern:

I did not receive my renewal rejection letter in May. Please advise.

Sincerely,

Medicare Melus