

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003639

FILED
Apr 30, 2011
Secretary of State

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

Current Principal Place of Business:

1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 27-0085980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELUS, MEDICOEUR
1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MELUS, MEDICOEUR
Address: 1632 NW 15 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V
Name: CELESTIN, DELIUS
Address: 1545 NW 14TH CIRCLE #153
City-St-Zip: POMPANO BEACH, FL 33069

Title: T
Name: FAUGUE, ORESTE
Address: 2851 E. GULF BLVD. APT. 106
City-St-Zip: POMPANO BEACH, FL 33064

Title: S
Name: EXAVIER, LUSCIANAIS
Address: 401 NW 7TH STREET
City-St-Zip: FT LAUDERDALE, FL 33304

Title: T
Name: LORIUS, RONEL
Address: 4791 NW 2ND CT
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: MEDICOEUR MELUS

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date