

Jul 03 07 03:02p

J. Dony St. Germain

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 050 ****70.00

DOCUMENT # N04000008481

1. Entity Name

BREDRE FOUNDATION, INC.

Principal Place of Business

13701 SW 12 STREET
UNIT #213A
PEMBROKE PINES, FL 33178

Mailing Address

13701 SW 12 STREET
UNIT #213A
PEMBROKE PINES, FL 33178**DO NOT WRITE IN THIS SPACE**

07032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ST. GERMAIN, GUEDY
15041 SW 141 LANE
MIAMI, FL 33196**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 re-registering)

DATE

Filing Fee is \$61.25
Due by September 14, 20079. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ST. GERMAIN, BRESILE DR.
STREET ADDRESS	15041 SW 141 LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	ST. GERMAIN, CLAUDEL
STREET ADDRESS	15041 SW 141 LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	ST. GERMAIN, J. DONY REV.
STREET ADDRESS	13651 S. BISCAYNE RIVER DR.
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	ST. GERMAIN, LOUIS REV.
STREET ADDRESS	15041 SW 141 LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	ST. GERMAIN, FRANTZ
STREET ADDRESS	15041 SW 141 LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	ST. GERMAIN, GUEDY
STREET ADDRESS	15041 SW 141 LANE
CITY-ST-ZIP	MIAMI, FL 33196

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/07 786-543-1914