

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90072 003 ****61.25

DOCUMENT # N04000012045 1. Entity Name THE ROSE FOUNDATION & ASSOCIATES INC.					
Principal Place of Business 1124 BROADWAY SUITE E/F @ SPANISH COURTS RIVIERA BEACH, FL 33404			Mailing Address 1124 BROADWAY SUITE E/F @ SPANISH COURTS RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 20-2099471	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE CNTR. FOR MIN. HUM. SRVS. PROVIDERS INC. 1124 BROADWAY SUITE E/F @ SPANISH COURTS RIVIERA BEACH, FL 33404			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$81.25 Due by May 1, 2005		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					
TITLE	PCEO ☐ Delete				
NAME	KEIRSAINT, ROSE				
STREET ADDRESS	1124 BROADWAY				
CITY-ST-ZIP	RIVIERA BEACH, FL 33404				
TITLE	C ☐ Delete				
NAME	ALEXIS, DAVID L				
STREET ADDRESS	1124 BROADWAY				
CITY-ST-ZIP	RIVIERA BEACH, FL 33404				
TITLE	T ☐ Delete				
NAME	DORVILUS, LEMEL				
STREET ADDRESS	1124 BROADWAY				
CITY-ST-ZIP	RIVIERA BEACH, FL 33404				
TITLE	S ☐ Delete				
NAME	MONTFLEURY, MICHELNE				
STREET ADDRESS	1124 BROADWAY				
CITY-ST-ZIP	RIVIERA BEACH, FL 33404				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 04/21/05 (561) 845-1055 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

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