

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012045

FILED  
Aug 30, 2007  
Secretary of State

**Entity Name:** THE ROSE FOUNDATION & ASSOCIATES INC.

**Current Principal Place of Business:**

1124 BROADWAY, SUITE  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1124 BROADWAY, SUITE  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 20-2099471      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KERSAINT, ROSE  
1124 BROADWAY, SUITE  
RIVIERA BEACH, FL 33404      US

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: PCEO      ( ) Delete  
Name: KERSAINT, ROSE  
Address: 165 CYPRESS TERRACE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: V      ( ) Delete  
Name: DAVILMAR, JEAN  
Address: 1124 BROADWAY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T      ( ) Delete  
Name: DORVILUS, LEMEL  
Address: 1124 BROADWAY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S      ( ) Delete  
Name: BELIZAIRE, MARIE  
Address: 1124 BROADWAY  
City-St-Zip: RIVIERA BEACH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: DESTINE, SYNDIE  
Address: 165 CYPRESS TRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SYNDIE DESTINE

TREA

08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date