2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State

1. Entity Name THE BLESSED MOTHER CHARITY INC					03-26-2007 90072 007 ****70.00				
Principal Place of Business Mailing Address 5353 GRAND BANKS BLVD GREENACRES, FL 33463 GREENACRES, FL 33463					ָּבְיַטט <u>ָ</u> בּ	LUUU			
2. Principal Place of Business No P.O. Box # 3. Malling Address 5353 GRANN BRANNAY									
Suite, Apt. + Suite, Apt. +			it. #, etc. John		03122007 Ch	g-NP CR2	E037 (12/06)		
City & Stat	e	City & State	ity & State			4. FEI Number Applied For 20-2183691 Not Applicable			
zip 33 46 3 Country z		Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent						
HIRSCH AND COMPANY CPAS INC 175 W CAMINO REAL BOCA BATON, EL 22422				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432			CAM						
			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 HIRSCH and Con party CDAS TUC: Signature, typed or printed name of registered agent and the lifapplication. NOTE: Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C		· — •	5.00 May Be idded to Fees		neck payable to partment of State		
10. TITLE	OFFICERS AND DIRE		11.	ADI	DITIONS/CHANGE	S TO OFFICERS AND		1 Adams	
NAME STREET ADDRESS CITY-ST-ZIP	BELLANTON, JEANNETTE 5353 GRAND BANKS BLVD GREENACRES, FL 33463	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	e la	ase	netti	Change	Addition	
TITLE NAME STREET ADDRESS	D C/N VALAN, FRANZ 564 RUE PATION	☐ Delete	. TITLE NAME STREET ADDRES	Val	an F	Rantz	5 - · -	Addition	
CITY-ST-ZIP	ST MARC HAITI,		CITY-ST-ZIP	*	rase	Corre	-ct ppel	ling	
TITLE NAME	D'HAITI, RONY	☐ Delete	TITLE NAME	'			☐ Change ☐	Addition Addition	
STREET ADDRESS- CITY-ST-ZIP	-8 RUE NORMIL CHARLES ST MARC HAITI,		STREET ADDRES	s					
TITLE NAME	D ELAN, BIENETTA	☐ Delete	TITLE NAME	~/		0.011	Change C	Addition	
STREET ADDRESS	701 SW ESTATE AVENUE		STREET ADDRES	s LL	aN	BIEN. madie	uth a		
CITY-ST-ZIP	PORT ST LUCIE, FL 34953	☐ Delete	CITY-ST-ZIP	0000	2000.11	100 0 P 17	Λ □ Change . F	Addition	
NAME STREET ADDRESS	ROUSSEAU, MARIE B 50 RUELLE BELOT. CARRE FOUI		NAME STREET ADDRES		seam	rrusure	DERNOLD	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY-ST-ZIP	PORT AU PRINCE, HAITI,	VIIICENT	CITY-ST-ZIP					1	
TITLE NAME		☐ Delete	TITLE NAME			-	☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	s					
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 119 changed, or on an attachment with an address, with all other like empowered.									

To the following megselling officers names O Valcin Frantz (2) ELan BienatHa 3 ELAN BIENRETHA. Thank you very much. Jannetto Bellanton surector'