

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002916

FILED
Aug 28, 2006
Secretary of State

Entity Name: ESCARMENT FOUNDATION FOR THE NEEDY CORP

Current Principal Place of Business:

822 N E 125 STREET
SUITE 107
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

580 N W 125 STREET
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ESCARMENT, MODIRA
822 N E 125 STREET
SUITE 105
NORTH MIAMI, FL 33161 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: ESCARMENT, MODIRA
Address: 580 N W 126 STREET
City-St-Zip: NORTH MIAMI, FL 33168

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

Title: VPD () Delete
Name: ESCARMENT, RUTH
Address: 580 N W 126 STREET
City-St-Zip: NORTH MIAMI, FL 33168

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

Title: SD () Delete
Name: MARIE A SAINT-GERMAI, N
Address: 822 N E 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: TD () Delete
Name: ESCARMENT, RUTH
Address: 822 N E 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: D () Delete
Name: MATHURIN, PAUL
Address: 822 N E 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: D () Delete
Name: NOBELS, BETY
Address: 822 N E 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MODIRA ESCARMENT

PRES

08/28/2006

Electronic Signature of Signing Officer or Director

_____ Date