


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90004 006 ****61.25

DOCUMENT # N05000002916					
1. Entity Name ESCARMENT FOUNDATION FOR THE NEEDY CORP					
Principal Place of Business 822 N E 125 STREET SUITE 107 NORTH MIAMI, FL 33161		Mailing Address 580 N W 126 STREET 126 ST NORTH MIAMI, FL 33168			
2. Principal Place of Business - No P.O. Box # 822 N E 125 ST Suite, Apt. #, etc. 107		3. Mailing Address 580 N W 126 ST Suite, Apt. #, etc.			
City & State N. Miami F		City & State N. Miami FLA		4. FEI Number APPLIED FOR 03-0566976	
Zip 33161 Country US		Zip 33168 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent ESCARMENT, MODIRA 822 N E 125 STREET SUITE 107 NORTH MIAMI, FL 33161			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCARMENT, MODIRA		NAME		
STREET ADDRESS	580 N W 126 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCARMENT, RUTH		NAME		
STREET ADDRESS	580 N W 126 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARIE A SAINT-GERMAIN		NAME		
STREET ADDRESS	822 N E 125 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCARMENT, RUTH		NAME		
STREET ADDRESS	822 N E 125 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHURIN, PAUL		NAME		
STREET ADDRESS	822 N E 125 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOBELS, BETY		NAME		
STREET ADDRESS	822 N E 125 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
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: <u>Modira Escarment</u>			Date: <u>6/07/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		