

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002916

FILED
Mar 27, 2008
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 126 STREET
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: 03-0566976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MAUDIRA ESCARMENT

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date