

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90024 028 ****61.25

DOCUMENT # N05000003538

1. Entity Name
REZISTANCE LAKAY COMMUNITY SUPPORT, INC.



Principal Place of Business
**715 N.E. 138TH STREET
MIAMI, FL 33161**

Mailing Address
**715 N.E. 138TH STREET
MIAMI, FL 33161**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272008

Chg-NP

CR2E037 (12/06)

4. FEI Number
26-0112419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, GEORGETTE
715 N.E. 138TH STREET
MIAMI, FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/CH
JEAN-NOEL, EMIL
805 NE 154 ST
N MIAMI BEACH, FL 33162** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN
ALPHONSE ETIENNE
16221 NE 10TH AVE
N. MIAMI BCH, Florida 33162-4451** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/SC
SOLIVER, PROFILIO
1100 NW 142ND STREET
NORTH MIAMI, FL 33168** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/TRAS
JOSEPH GADZUS
777 N.W. 41ST STREET
MIAMI, FL 33127** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/TR
NICOLAS, INELVE
325 N.W. 84TH STREET
MIAMI, FL 33150** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/PS
JOSEPH, GEORGETTE
715 N.E. 138TH STREET
MIAMI, FL 33161** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/VP
ETIENNE, ALPHONSE
16221 N.E. 10TH AVE NO
MIAMI, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN PRESIDENT

3-27-08

Date

786-488-2454

Daytime Phone #