


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90042 004 ****61.25

DOCUMENT # N05000012166					
1. Entity Name INSTITUTION MIXTE COMMUNAUTAIRE BON BERGER INC.					
Principal Place of Business 1601 GLENHAVEN CIR OCOEE, FL 34761			Mailing Address 1601 GLENHAVEN CIR OCOEE, FL 34761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3884924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMPAGNE, FRANTZ 1601 GLENHAVEN CIR OCOEE, FL 34761			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 May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P CHAMPAGNE, ANNETTE 1601 GLENHAVEN CIR OCOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMPAGNE, LYONEL 1587 NW 159 LANE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ST. LOUIS, MONA 550 SW 181 WAY PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMPAGNE, FRANTZ 1601 GLENHAVEN CIR OCOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMPAGNE, ALIX 971 LINCOLN PL BROOKLYN, NY 11213	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBY, JEAN 1946 ASPEN RIDGE CT OCOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>				
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: <i>Frantz Champagne</i>			4-5-07 407294-4715		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40057324
#105000012166

Institution Mixte Communautaire Bon Berger

Date: 4/5/2007

Changes to the director's list

Director:

Jean Taylor

916 East 107th Street

Brooklyn, NY 11236

Public Relation:

Alix Moreau

1750 N.E. 191 Street #801

Miami, Florida 33179

Director:

Aracelly Bedoya

375 N.E. 34th Street #9

Miami, Florida 33137