

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000770

FILED
Jul 13, 2007
Secretary of State

Entity Name: M.A.C. HELP CENTER FOR THE POOR INC.

Current Principal Place of Business:

6240 DODD RD
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

6240 DODD RD
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 20-8908831 **FEI Number Applied For ()** **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:

JEAN, FERNANDE
6240 DODD RD
GREENACRES, FL 33463 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: P () Delete
Name: JEAN, FERNANDE
Address: 6582 SPRING MEADOW DR
City-St-Zip: GREENACRES, FL 33413

Title: D () Delete
Name: JEROME, JANEL
Address: 5039 4TH ROAD NORTH
City-St-Zip: WEST PALM BEACH, FL 33467

Title: T () Delete
Name: GARNIER, JEAN D
Address: 6344 HARBOUR CLUB DR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: JEAN, ROBERT J
Address: 6582 SPRING MEADOW DR
City-St-Zip: GREENACRES, FL 33463

Title: S () Delete
Name: ELNE, HORORE F DR
Address: 6445 KIRSTEN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

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:

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: FERNANDE JEAN

P

07/13/2007

Electronic Signature of Signing Officer or Director

Date