

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012174

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** FHOASSAD'FOUNDATION FOR HUMANITARIAN AID, SOCIAL SERVICES AND AID TO DEVELOPMENT INC.

**Current Principal Place of Business:**

1200 BRETTEA STREET  
SUITE 10  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

5800 BEACH BLVD  
SUITE 203  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

244 KARSEY STREET  
HIGHLAND PARK, NJ 08904

**New Mailing Address:**

**FEI Number:** 51-0620853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISMAGNE, PHILIDOR  
1200 BRETTEA STREET  
SUITE 10  
JACKSONVILLE, FL 32211 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  
Name: ISMAGNE, PHILIDOR  
Address: 1200 BRETTEA STREET APT 10  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VT  
Name: FORGES, MARIE M  
Address: 2295 NORTH WEST 102 STREET  
City-St-Zip: MIAMI, FL 33147

Title: VS  
Name: FORGES, JACQUES F  
Address: 11744 NW 22 CT  
City-St-Zip: MIAMI, FL 33167

I hereby 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 all other like empowered.

SIGNATURE: I.P.

P

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date