## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003703

FILED Feb 10, 2010 Secretary of State

Entity Name: L'ORGANISATION DES ANCIENS DU COLLEGE IMMACULEE CONCEPTION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

495 NE 144TH STREET 12900 NW 15TH AVE

NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33167 US

**Current Mailing Address: New Mailing Address:** 

495 NE 144TH STREET 12900 NW 15TH AVE

NORTH MIAMI, FL 33161 US NORTH MIAMI, FL 33167 US

FEI Number: 13-4359034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DODARD, PATRICK 495 NE 144TH STREET NORTH MIAMI, FL 33161

US

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:** 

ALDWINE, JOSEPH Name: Address: 12900 NW 15TH AVE City-St-Zip: NORTH MIAMI, FL 33167 US

Title:

Name: ROMAIN, MIGUEL VP Address: 420 NE 144TH STREET City-St-Zip: NORTH MIAMI, FL 33161 US

Title:

WISLET, JACQUESIN PR Name:

Address: 1109 E STREET

City-St-Zip: WEST PALM BEACH, FL 33162 US

Title:

Name: RICHARD, RIVELINO 14040 NE 3RD COURT # 2 Address: City-St-Zip: NORTH MIAMI, FL 33161 US

Title:

HYACINTHE, NEPHTALIE Name: 220 SW 9 AVE # 421 Address: City-St-Zip: HALLANDALE BCH, FL 33009

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: ALDWINE JOSEPH Ρ 02/10/2010