

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004561

FILED
Apr 28, 2009
Secretary of State

Entity Name: FOUNDATION PARACLETS INC

Current Principal Place of Business:

14055 NW 6 AVENUE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531509
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 26-2860508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGES, MARC-H
14055 NW 6 AVENUE
MIAMI, FL 33168 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: GEORGES, MARC-H
Address: 14055 NW 6 AVENUE
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: LUCKSON, PASTOR BRAVE
Address: 354 SW ANON ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: ELLIS, DIONNE
Address: 4340 NW 3 PL
City-St-Zip: PLANTATION, PL 33317

Title: V () Delete
Name: MAIGNAN, DR JN BAPTISTE
Address: 1700 NE 144 ST
City-St-Zip: N MIAMI BEACH, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DALIZIEN, CLEMENCIA
Address: 14055 NW 6 AVE
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF () Change (X) Addition
Name: DARJENSON, ISABELLE
Address: 14055 NW 6 AVE
City-St-Zip: MIAMI, FL 33168

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: MARC- H GEORGES

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date