

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004456

FILED
Apr 06, 2011
Secretary of State

Entity Name: ST MICHEL FOUNDATION, INC

Current Principal Place of Business:

C/O ANSSIE BLOT
14810 TETHERCLIFT ST
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 823116
PEMBROKE PINES, FL 33082

New Mailing Address:

C/O ANSSIE BLOT
14810 TETHERCLIFT ST
DAVIE, FL 33331

FEI Number: 42-1768029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOT, ANSSIE
14810 TETHERCLIFT ST
DAVIE, FL 33331 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: BLOT, ANSSIE
Address: 14810 TETHERCLIFT ST
City-St-Zip: DAVIE, FL 33331

Title: VP
Name: JUSTILIEN, ELSIE
Address: 3860 SW 147 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: TREA
Name: DESSOURCES, MARLENE
Address: 1550 MW 159 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC
Name: BLOT, CHARLES
Address: 14810 TETHERCLIFT
City-St-Zip: DAVIE, FL 33331

Title: PR
Name: PRESSIN, CAROL
Address: 1521 LA COSTA DR E
City-St-Zip: PEMBROKE PINES, FL 33027

Title: AC
Name: ROBBINS, SANDY L MRS
Address: 16855 SW 6TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

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: ANSSIE BLOT

MRS

04/06/2011

Electronic Signature of Signing Officer or Director

Date