

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004456

FILED  
Apr 04, 2012  
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:

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

## New Mailing Address:

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

PRES

04/04/2012

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

\_\_\_\_\_  
Date