

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000415

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** PAPILLON AMERICAIN CONSULTING, INC.

**Current Principal Place of Business:**

3643 SW 20TH AVENUE, APT.702  
GAINESVILLE, FL 326074422

**New Principal Place of Business:**

353 NW EESTALUSTEE AVENUE  
MICANOPY, FL 326678505

**Current Mailing Address:**

P.O. BOX 14984 UNIVERSITY STATION  
GAINESVILLE, FL 326044984

**New Mailing Address:**

**FEI Number:** 27-2592101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITING, KATHLEEN MURFF  
3643 SW 20TH AVENUE, APT.702  
GAINESVILLE, FL 326074422 US

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

WHITING, KATHLEEN MURFF  
353 NW EESTALUSTEE AVENUE  
MICANOPY, FL 326678505 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:

04/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WHITING, KATHLEEN MURFF  
Address: 353 NW EESTALUSTEE AVENUE  
City-St-Zip: MICANOPY, FL 326678505

Title: T  
Name: MICCICHE, EUNICE  
Address: 353 NW EESTALUSTEE AVENUE  
City-St-Zip: MICANOPY, FL 326678505

Title: S  
Name: PEEK, HELEN  
Address: 353 NW EESTALUSTEE AVENUE  
City-St-Zip: MICANOPY, FL 326678505

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: KATHLEEN MURFF WHITING

D

04/15/2012

Electronic Signature of Signing Officer or Director

Date