

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003214

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** RACINE CARE PROGRAM INC.

**Current Principal Place of Business:**

5182 NORMA ELAINE ROAD  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5182 NORMA ELAINE ROAD  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GABRIEL, MURAT  
5182 NORMA ELAINE ROAD  
WEST PALM BEACH, FL 33417 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: GABRIEL, MURAT  
Address: 5182 NORMA ELAINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D  
Name: LEGENDRE, JEAN D  
Address: BIZOTON 55 #75 PORT-AV-  
City-St-Zip: PRINCE HAITI,

Title: D  
Name: LEGENDRE, MICHAEL  
Address: BIZOTON 55 #70 PORT-AV-  
City-St-Zip: PRINCE HAITI,

Title: D  
Name: GABRIEL, LUCIENE  
Address: #77 EVANS LANE  
City-St-Zip: WEST PALM BEACH, FL 33417

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: MURAT GABRIEL

PRES

01/19/2011

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

\_\_\_\_\_  
Date