

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000994

FILED
Mar 20, 2012
Secretary of State

Entity Name: INTERNATIONAL BUREAU OF VICTIMS ADVOCACY AND REHABILITATION, INC.

Current Principal Place of Business:

608 10TH STREET WEST
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 952706
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 27-4743723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYRIAQUE, GOEBELS J
164 VAN BUREN AVENUE
LAKE MARY, FL 32746 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: PDT
Name: CYRIAQUE, GOEBELS J PDT
Address: 164 VAN BUREN AVENUE
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP
Name: JEAN-CHARLES, MYSTRAL
Address: 6311 36 COURT EAST
City-St-Zip: WELLINGTON, FL 34222

Title: SECR
Name: JEAN, CARMELLE E
Address: 164 VAN BUREN AVENUE
City-St-Zip: LAKE MARY, FL 32746

Title: MEMB
Name: CYRIAQUE, JUNA C
Address: 1155 CLEMSON FRONTAGE ROAD
City-St-Zip: COLUMBIA, SC 29229

Title: TREA
Name: CYRIAQUE, NAIN J
Address: 2473 42ND SOUTH WEST TERRACE
City-St-Zip: NAPLES, FL 34116

Title: MEM
Name: ROUZARD, EDNER
Address: 21300 NORTH EAST 19 AVENUE
City-St-Zip: MIAMI, FL 33179

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: GOEBELS J CYRIAQUE

CEO

03/20/2012

Electronic Signature of Signing Officer or Director

Date