

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010935

FILED
Aug 02, 2012
Secretary of State

Entity Name: CHARLEMAGNE FAMILY FOUNDATION INC

Current Principal Place of Business:

3047 NW 28TH STREET
LAUD LAKES, FL 33311

New Principal Place of Business:

6250 WEST OAKLAND PARK BLVD
SUITE 5
SUNRISE, FL 33313

Current Mailing Address:

3047 NW 28TH STREET
LAUD LAKES, FL 33311

New Mailing Address:

6250 WEST OAKLAND PARK BLVD
SUITE 5
SUNRISE, FL 33313

FEI Number: 45-3968286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHARLEMAGNE, BERNADETTE D
2900 NW 56TH AVE
APT D307
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

CHARLEMAGNE, BERNADETTE D
6250 WEST OAKLAND PARK BLVD
SUITE 5
SUNRISE, FL 33313 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:

08/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHARLEMAGNE, BERNADETTE D
Address: 6250 WEST OAKLAND PARK BLVD #5
City-St-Zip: SUNRISE, FL 33313

Title: S
Name: HYACINTHE, DEBORAH
Address: 6250 WEST OAKLAND PARK BLVD # 5
City-St-Zip: SUNRISE, FL 33313

Title: VP
Name: HYACINTHE, LE MON
Address: 6250 WEST OAKLAND PARK BLVD # 5
City-St-Zip: SUNRISE, FL 33313

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: BERNADETTE CHARLEMAGNE

P

08/02/2012

Electronic Signature of Signing Officer or Director

Date