

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000125 (4)

1. Corporation Name

INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I
NC.



Principal Place of Business

2300 PALM BEACH BLVD
STE 200-D
WEST PALM BEACH FL 33409
US

Mailing Address

2300 PALM BEACH BLVD
ST 200-D
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 2300 Palm Beach Blvd

26 Same

4. FEI Number
65-0458135

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 200-D

27

City & State

City & State

23 West Palm Beach, FL

28

Zip

Country

Zip

Country

24 33409

25

US

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELLARD, YANICK M
9334 HEATHRIDGE DR
1665 PALM BEACH LAKES BLVD SUITE 600
WEST PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Yanick M. Abellard

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCEO

☐ DELETE

NAME
ABELLARD, YANICK M
STREET ADDRESS
9334 HEATHRIDGE DR
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE

Trustee

☐ DELETE

NAME
BREA, FRANTZ
STREET ADDRESS
44 CLARK ST
CITY-ST-ZIP
PORT JEFFERSON STATION NY

TITLE

Trustee

☐ DELETE

NAME
CHIN, GRETA S MD
STREET ADDRESS
170 MAN-O-WAR RD
CITY-ST-ZIP
PALM BEACH GARDENS FL

TITLE

Trustee

☐ DELETE

NAME
DESROULEAUX, LESLY MD
STREET ADDRESS
13679 GREENTREE TRAIL
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE

Trustee

☐ DELETE

NAME
LAGUERRE, BEAU MD
STREET ADDRESS
900 E OCEAN BLVD 334
CITY-ST-ZIP
STUART FL

TITLE

Trustee

☐ DELETE

NAME
MITCHELL, LINDA A ESQ
STREET ADDRESS
1001 W JASMINE DR J-2
CITY-ST-ZIP
LAKE PARK FL

1.1 TITLE

Trustee

☐ Change ☐ Addition

1.2 NAME

CONFIDENT, Ludner, MD
1416 72nd Ave. N.E.
St. Petersburg FL, 33702

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Trustee

☐ Change ☐ Addition

2.2 NAME

MONESTIME, Jean Allah, M. Div.
120 Sparrow Drive # 212
Royal Palm Beach, FL 33411

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Trustee

☐ Change ☐ Addition

3.2 NAME

VICTOME, Robert G., D.D.S.
4218 42nd Way
West Palm Beach, FL 33407

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Trustee

☐ Change ☐ Addition

4.2 NAME

BARBOUR, Monique MD
2424 N. Federal Highway, Suite 362
Boca Raton, FL 33431

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Trustee

☐ Change ☐ Addition

5.2 NAME

NESI, MARC HENRI
200 E. Northwood St. # 206
Greensboro, NC 27401

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Trustee

☐ Change ☐ Addition

6.2 NAME

JEAN-PIERRE, GUY
41 Memorial Parway
Metuchen, NJ 08840

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

YANICK M. ABELLARD

Yanick M. Abellard, CEO

Date

Daytime Phone

4/26/96/688-1890

CR2E037 (12/95)