

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 005 ****70.00

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1. Entity Name
**INTER-CULTURAL FAMILY HEALTH EDUCATION
CENTER, INC.**

Principal Place of Business
**2300 PALMM BEACH BLVD
STE 103
WEST PALM BEACH, FL 33409 US**

Mailing Address
**2300 PALM BEACH BLVD
STE 103
WEST PALM BEACH, FL 33409 US**

34063040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0458135

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABELLARD, YANICK M
9334 HEATHRIDGE DR
WEST PALM BEACH, FL 33411**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
ABELLARD, YANICK M
9334 HEATHRIDGE DR
WEST PALM BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NARCISSE, MARCELLE
16851 NE 4TH AVE
MIAMI, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DAVILMAR, COLETTE K
165 CYPRESS TRACE
WEST PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PAUL, GLADYS
14 MOHAWK DR
WEST PALM BEACH, FL 33411** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ULRICK MOISE, JEAN
5710 N HAVERHILL RD
WEST PALM BEACH, FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HYPPOLITE, MARIE
1626 DAVID ROAD
WEST PALM BEACH, FL 33406** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DORVAL, MARDOCHE
2401 SW 28th Street
Coconut Grove, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZEPHIRIN, MARCKENSON
2715 S Dixie Highway
West Palm Beach, FL 33405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Charles, Jean B
111 SW 25th Avenue
Boynton Beach, FL 33435** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #