

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000125

FILED
Mar 23, 2011
Secretary of State

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

Current Principal Place of Business:

2300 PALMM BEACH BLVD
STE 103
WEST PALM BEAHC, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2300 PALMM BEACH BLVD
STE 103
WEST PALM BEAHC, FL 33409 US

New Mailing Address:

FEI Number: 65-0458135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABELLARD, YANICK M
9334 HEATHRIDGE DRIVE
WEST PALM BEACH, FL 33411 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: PCEO
Name: ABELLARD, YANICK M
Address: 9334 HEATHRIDGE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: C
Name: CADET, JOCELINE
Address: 2100 WHITE PINE CIR
City-St-Zip: GREENACRES, FL 33415

Title: TO
Name: SARAKA, MARIE A
Address: 4695 LUCERNE LAKES BLVD, SUITE 202
City-St-Zip: LAKE WORTH, FL 33467

Title: TO
Name: ABELLARD, JEAN R
Address: 6130 PLAINS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: TO
Name: LAGUERRE, MARIE C
Address: 4849 LAKE WORTH RD
City-St-Zip: GREENACRES, FL 33463

Title: TO
Name: LOUISSAINT, ELIE
Address: 1020 SOUTH DIXIE HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460

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: YANICK M. ABELLARD

MRS.

03/23/2011

Electronic Signature of Signing Officer or Director

Date