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May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003767 (8)

1. Corporation Name

VILLAGE MISSION SERVICE INC.

Principal Place of Business

Mailing Address

11310 SW 153RD ST.
NO MIAMI FL 33157
US

11310 SW 153RD ST.
NO MIAMI FL 33157
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIE JOSEE SAM
11310 SW 153 ST.
MIAMI FL 33157

81 Name

11310 SW 153 ST SAA

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME MARIE JOSEE SAM
STREET ADDRESS 11310 SW 153RD ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FLORENCE LISSADE
STREET ADDRESS 590 NW 127 ST.
CITY-ST-ZIP NO MIAMI FL

TITLE D
NAME HANSY BRUNOL
STREET ADDRESS 590 NW 127 ST.
CITY-ST-ZIP NO MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ROSALEE PROPHETE
1.2 NAME
1.3 STREET ADDRESS 8710 N SHERMAN CIRCLE BLDG 5 5
1.4 CITY-ST-ZIP # 506 MIRAMAR FL 33125

2.1 TITLE D PIERRE ETIENNE PEAN MD
2.2 NAME
2.3 STREET ADDRESS 1261 SW 102 AVE
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

3.1 TITLE D JOANN SMITH
3.2 NAME
3.3 STREET ADDRESS 1302 nw 172 TERR
3.4 CITY-ST-ZIP MIAMI FL 33169

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: MARIE JOSEE SAM

Marie J. Sam

4/9/98 305-898-0747

CR2E037 (10/97)