


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002882 1. Entity Name THE BERNARD MEVS CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130	Mailing Address 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/06)

4. FEI Number 65-0758480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHMAN, JERMONE S 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City: _____ FL Zip Code: _____
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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete MARGUERITE, MARIE DR. SHODECOSA PAR RTE, NATIONAL #1 PORT AU PRINCE, HAITI
NAME	MEVS, GREGORY HASCO, RTE, NATIONAL #1 P.O. BOX 1310 PORT AU PRINCE, HAITI
STREET ADDRESS	MEVS, FRITZ HASCO, RET, NATIONAL #1 P.O. BOX 1310 PORT AU PRINCE, HAITIA
CITY-ST-ZIP	MEVS, HUGETTE SHODECOSA PARC RTE, NATIONAL #1 PORT AU PRINCE, HAITI
CITY-ST-ZIP	MEVS, MICHELE COMMERCIALES SUCRIERE RTE. VARREAUX PORT AU PRINCE, HAITI
CITY-ST-ZIP	BONTEMPS, SIMPHAR DR. 13 RUE BERNE PORT AU PRINCE, HAITI

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000575944
STREET ADDRESS	09/05/06-80002-010 61.25
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 9/1/06