


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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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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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MARGUERITE, MARIE DR.
STREET ADDRESS	SHODECOSA PAR RTE, NATIONAL #1
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	D <input type="checkbox"/> Delete
NAME	MEVS, GREGORY
STREET ADDRESS	HASCO, RTE, NATIONAL #1 P.O. BOX 1310
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	D <input type="checkbox"/> Delete
NAME	MEVS, FRITZ
STREET ADDRESS	HASCO, RET, NATIONAL #1 P.O. BOX 1310
CITY-ST-ZIP	PORT AU PRINCE, HAITIA
TITLE	D <input type="checkbox"/> Delete
NAME	MEVS, HUGETTE
STREET ADDRESS	SHODECOSA PARC RTE, NATIONAL #1
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	D <input type="checkbox"/> Delete
NAME	MEVS, MICHELE
STREET ADDRESS	COMMERCIALES SUCRIERE RTE. VARREAUX
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	D <input type="checkbox"/> Delete
NAME	BONTEMPS, SIMPHAR DR.
STREET ADDRESS	13 RUE BERNE
CITY-ST-ZIP	PORT AU PRINCE, HAITI

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000690806
STREET ADDRESS	04/12/07-80005-003 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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:  3/29/07