

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003513

FILED
Mar 03, 2008
Secretary of State

Entity Name: TOUSSAINT LOUVERTURE FOUNDATION, INC.

Current Principal Place of Business:

14313 SW 100TH LANE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14313 SW 100TH LANE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 23-7259397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIAMBY, ROGER E
14313 SW 100TH LANE
MIAMI, FL 33186 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: CHM () Delete
Name: JEAN-CHARLES, GEORGES DR
Address: 14313 SW 100TH LANE
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: GAUTHIER, CAMILLE
Address: 14313 SW 100TH LANE
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: JUMELLE, JULIEN
Address: 7001 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33020

Title: TD () Delete
Name: CHARLES, PIERRE
Address: 7001 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33020

Title: S () Delete
Name: DORSETTE, ELIZABETH
Address: 14313 S.W. 100 LANE
City-St-Zip: MIAMI, FL 33186

Title: AT () Delete
Name: CANTANE, CARLO
Address: 14313 SW 100 LANE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAMILLE GAUTHIER

PRES

03/03/2008

Electronic Signature of Signing Officer or Director

Date