

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90063 011 ****61.25

000107

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000007046

1. Corporation Name

THE CHILDREN OF "CROIX DES BOUQUETS" FRIENDS, IN C.

Principal Place of Business
 1340 GIB-GALLOWAY ROAD
 LAKELAND FL 33810

Mailing Address
 1340 GIB-GALLOWAY ROAD
 LAKELAND FL 33810



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/14/1998 4. FEI Number 59-3542927 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent COULIBALY, ROSELYNE S 1340 GIB-GALLOWAY ROAD LAKELAND FL 33810				10. Name and Address of New Registered Agent 81 Name 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Roselyne S Coulibaly 1.3 STREET ADDRESS 1340 Gib-Galloway Rd 1.4 CITY-ST-ZIP Lakeland, FL 33810 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Vice-President 2.3 STREET ADDRESS Frederick Currier M.D. 2.4 CITY-ST-ZIP 639 Ponce de Leon DR, Terra Verde FL 33715 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Treasurer 3.3 STREET ADDRESS Kelly Jackson 3.4 CITY-ST-ZIP P.O. Box 1725 Alachua, FL 32615-1725 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Secretary 4.3 STREET ADDRESS Marie Guerin 4.4 CITY-ST-ZIP 639 Ponce de Leon DR, Terra Verde, FL 33715 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Program Director 5.3 STREET ADDRESS Wilbra Piere 5.4 CITY-ST-ZIP P.O. Box 1725 Alachua, FL 32615-1725 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Financial Director 6.3 STREET ADDRESS Carmelle A Fed 6.4 CITY-ST-ZIP 400 Rue Steno Vincent Croix des Bouquets, P. au P. Haiti

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, with all other like empowered.

SIGNATURE: *Roselyne S Coulibaly* **4/20/99** **422-2841**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)