2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT#** N99 00000590 May 04, 2000 8:00 am **Secretary of State** ESEREH YOUTH and FAMILY Center Inc 05-04-2000 90221 037 ****70.00 Mailing Address Principal Place of Business 2. Principal Place of Business Mailing Address 1*502 Barto*n DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Evelyne Latalaise Street Address (P.O. Box Number is Not Acceptable) 12644 Shoreline DR #8C Wellington, FL 33414 Zip Code FL 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. M. EVELYNE, LAFA FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Founding Director M. Evelyne Latalaise ☐ Change Chairman DiRector ☐ Delete TITLE NAME NAME HANS LaFleur 12644 Shoreline Drive #8C STREET ADDRESS STREET ADDRESS 4105 Dahe DR CITY-ST-ZIP CITY-ST-ZIP reenacres, FL ☐ Change TITLE ☐ Addition Vice Chairman, Director Delete NAME Marc E. LaFalaise NAME Barton Roac STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 334<u>6</u>0 Change ☐ Addition TITLE TITLE Directo NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE White Pine Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Greenacres ☐ Change ☐ Addition ☐ Delete TITLE NAME Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33413 ☐ Change ■ Addition ☐ Delete TITLE TITLE Elore Jeanly NAME NAME 3676 Cocoplum Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachangent with an address, with all other like empowered.