

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002916

FILED  
Aug 04, 2009  
Secretary of State

**Entity Name:** ESCARMENT FOUNDATION FOR THE NEEDY CORP

**Current Principal Place of Business:**

822 N E 125 STREET  
SUITE 107  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

580 N W 126 STREET  
NORTH MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 03-0566976      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ESCARMENT, MODIRA  
822 N E 125 STREET  
SUITE 107  
NORTH MIAMI, FL 33161 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: CPD ( ) Delete  
Name: ESCARMENT, MODIRA  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168

Title: VPD ( ) Delete  
Name: ESCARMENT, RUTH  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168

Title: SD ( ) Delete  
Name: MARIE A SAINT-GERMAIN  
Address: 822 N E 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete  
Name: ESCARMENT, RUTH  
Address: 822 N E 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: MATHURIN, PAUL  
Address: 822 N E 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: NOBELS, BETY  
Address: 822 N E 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

**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: MODIRA ESCARMENT

Electronic Signature of Signing Officer or Director

PRES

08/04/2009

\_\_\_\_\_ Date