

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002916

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC3782706013**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

580 N W 126 STREET  
NORTH MIAMI, FL 33168

**FEI Number:** 03-0566976

**Certificate of Status Desired:** No

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

ESCARMENT, MODIRA  
580 NW 126 STREET  
NORTH MIAMI, FL 33168 US

*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

**Officer/Director Detail :**

Title            CEO/PRESIDENT, BOARD OF DIRECTORS  
Name            ESCARMENT, MODIRA  
Address        822 N E 125 STREET SUITE 107  
City-State-Zip: NORTH MIAMI FL 33161

Title            VICE PRESIDENT TREASURER, BOARD MEMBER AT LARGE  
Name            BELIZAIRE, MAGDALA  
Address        822 N E 125 STREET SUITE 107  
City-State-Zip: NORTH MIAMI FL 33161

Title            BOARD MEMBER AT LARGE  
Name            JEAN-GILLES, EXANTYL  
Address        822 N E 125 STREET SUITE 107  
City-State-Zip: NORTH MIAMI FL 33161

*I hereby 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 all other like empowered.*

**SIGNATURE:** MODIRA ESCARMENT

**PRESIDENT/FOUNDER**

**03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date