

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003097

Entity Name: FONDATION ROSE MINA DE DIEGUE INC.**Current Principal Place of Business:**560 NE 42ND ST
POMPANO BEACH, FL 33064**Current Mailing Address:**16107 COMPTON PALMS DR
TAMPA, FL 33647 US**FEI Number:** 46-3910815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDOUARD, RAINA
16107 COMPTON PALMS DR
TAMPA, FL 33647 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 PRESIDENT / PASTOR
Name FERNANDEZ, MARIE R
Address 560 NE 42ND ST
City-State-Zip: POMPANO BEACH FL 33064

Title VP
Name EDOUARD, MARIE S
Address 16107 COMPTON PALMS DR
City-State-Zip: TAMPA FL 33647

Title VP
Name EDOUARD, JEAN B
Address 560 NE 42ND ST
City-State-Zip: POMPANO BEACH FL 33064

Title VP
Name EDOUARD-CHARLES, MARIE K
Address 560 NE 42ND ST
City-State-Zip: POMPANO BEACH FL 33064

Title VP
Name EDOUARD, JEAN P
Address 560 NE 42ND ST
City-State-Zip: POMPANO BEACH FL 33064

Title VP
Name EDOUARD, RAINA
Address 16107 COMPTON PALMS DR
City-State-Zip: TAMPA FL 33647

Title VP
Name JULIEN, RACHEL
Address 560 NE 42ND ST
City-State-Zip: POMPANO BEACH FL 33064

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: RAINA EDOUARD**REGISTERED AGENT / VP 04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date