

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003097

Entity Name: FONDATION ROSE MINA DE DIEGUE INC.**Current Principal Place of Business:**560 NE 42 ST
POMPANO BEACH, FL 33064**Current Mailing Address:**P.O. BOX 16323
TEMPLE TERRACE, FL 33687 US**FEI Number:** 46-3910815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAMORE, RAINA EDOUARD
8761 N 56TH ST #16323
TEMPLE TERRACE, FL 33617 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:** RAINA E. MAMORE

05/01/2017

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 P.O. BOX 16323
City-State-Zip: TEMPLE TERRACE FL 33687

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 MAMORE, RAINA EDOUARD
Address P.O. BOX 16323
City-State-Zip: TEMPLE TERRACE FL 33687

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 E. MAMORE

VP/RA

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date