

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010091

**FILED  
Apr 29, 2014  
Secretary of State  
CC8683441507**

**Entity Name:** SOUTHEAST CHAPTER OF ALUMNAE ASSOCIATION OF COLLEGE MARIE-ANNE INC.

**Current Principal Place of Business:**

4411 SUNBEAM RD BX# 56841  
56841  
JACKSONVILLE, FL 32241

**Current Mailing Address:**

4411 SUNBEAM RD BX# 56841  
56841  
JACKSONVILLE, FL 32241

**FEI Number: 46-4096243**

**Certificate of Status Desired: No**

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

BELIZAIRE, JOHANNE  
4411 SUNBEAM RD BX# 56841  
56841  
JACKSONVILLE, FL 32241 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           PRES  
Name           REID, FABIENNE  
Address        4411 SUNBEAM RD BX# 56841  
City-State-Zip: JACKSONVILLE FL 32241

Title           TREA  
Name           BELIZAIRE, VALERIE  
Address        4411 SUNBEAM RD BX# 56841  
City-State-Zip: JACKSONVILLE FL 32241

Title           SECR  
Name           BELIZAIRE, JOHANNE  
Address        4411 SUNBEAM RD BX# 56841  
City-State-Zip: JACKSONVILLE FL 32241

Title           DIR  
Name           CANTAVE, VIRGINIE  
Address        4411 SUNBEAM RD BX# 56841  
City-State-Zip: JACKSONVILLE FL 32241

Title           MGR  
Name           BEDEJUSTE, BENDJA  
Address        4411 SUNBEAM RD BX# 56841  
City-State-Zip: JACKSONVILLE FL 32241

*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: FABIENNE REID**

**PRES**

**04/29/2014**

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

\_\_\_\_\_  
Date