

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004520

Entity Name: BON SOLEIL CHILDREN'S CULTURAL CENTER, INC.**Current Principal Place of Business:**607 N 4TH ST
LANTANA, FL 33462**Current Mailing Address:**607 N 4TH ST
LANTANA, FL 33462 US**FEI Number:** 47-3407080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MARK WILLIAMS

03/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FILIPPI, ANOUCHKA
Address 607 N 4TH ST
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name MICHEL, MICHELE
Address 974 ST. NICHOLAS AVE.
City-State-Zip: NEW YORK NY 10032

Title DIRECTOR
Name PROSPER, RONEL
Address 25 NORTH COTE RD.
City-State-Zip: WESTBURY NY 11590

Title PRESIDENT
Name FILIPPI, ANOUCHKA
Address 607 N 4TH ST
City-State-Zip: LANTANA FL 33462

Title VICE-PRESIDENT
Name PROSPER, RONEL
Address 25 NORTH COTE RD.
City-State-Zip: WESTBURY NY 11590

Title SECRETARY
Name MICHEL, MICHELE
Address 974 ST. NICHOLAS AVE.
City-State-Zip: NEW YORK NY 10032

Title TREASURER
Name FILIPPI, ANOUCHKA
Address 607 N 4TH ST
City-State-Zip: LANTANA FL 33462

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: ANOUCHKA FILIPPI**DIRECTOR**

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date