

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006735

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC7588452468**

**Entity Name:** ELVIE SAINT VIL HEALTH & LIFE FOUNDATION INC.

**Current Principal Place of Business:**

13409 TEABERRY LN  
SPRING HILL, FL 34609

**Current Mailing Address:**

13409 TEABERRY LN  
SPRING HILL, FL 34609 US

**FEI Number: 47-4542040**

**Certificate of Status Desired: Yes**

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

SAINT VIL, FRANTZ  
13409 TEABERRY LN  
SPRING HILL, FL 34609 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	P	Title	VP
Name	SAINT VIL, FRANTZ	Name	SAINT VIL, ANNA O
Address	13409 TEABERRY LN	Address	13409 TEABERRY LN
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

Title M  
Name EMMANUEL, NATACHA  
Address 1010 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

*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: FRANTZ SAINT VIL**

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date