

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008534

Entity Name: FOUNDATION PIERRE SMITH MONDELUS, INC.**Current Principal Place of Business:**117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092 US**FEI Number: 81-3329643****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALLIS, DONALD W ESQ.
117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092 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	D
Name	MILLER, SHANNON
Address	117 PINEHURST POINTE DRIVE
City-State-Zip:	ST AUGUSTINE FL 32092

Title	D
Name	MONDELUS, VERONIQUE
Address	ROUTE 1 BEHIND 4VH
City-State-Zip:	MORNE ROUGE CAP-HAITIAN,HATI AL

Title	D
Name	KAMIENSKI, CHRIS
Address	4413 N. ALATAMAHA STREET
City-State-Zip:	ST AUGUSTINE FL 32092

Title	D
Name	PLATKO, JUDE
Address	117 PINEHURST POINTE DRIVE
City-State-Zip:	ST AUGUSTINE FL 32092

Title	D
Name	VERNOISE, MACOT
Address	ROUTE 1 BEHIND 4VH
City-State-Zip:	MORNE ROUGE CAP-HAITIAN,HATI AL

Title	D
Name	GRISWOLD, JOHN
Address	6650 LOWER SHORE DRIVE
City-State-Zip:	HARBOR SPRINGS MI 49740

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: SHANNON MILLER**DIRECTOR****04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date