

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011631

**Entity Name:** RETROUVAILLES, JEREMIENNES, INC.**Current Principal Place of Business:**918 NE 19TH STREET  
CAPE CORAL, FL 33909**Current Mailing Address:**918 NE 19TH STREET  
CAPE CORAL, FL 33909 US**FEI Number:** 85-3489682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NELSON, MARTINE  
236 LAUREL RIDGE PASS  
DAVENPORT, FL 33897 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 BOURDEAU, CATHELINE  
Address 918 NE 19TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title VP  
Name ANTOINE, JANE - STAR  
Address 9720 57TH AVENUE, 11H  
City-State-Zip: CORONA NY 11368

Title TREA  
Name VITAL, CLAUDIA B  
Address 196 NW 95TH STREET  
City-State-Zip: MIAMI FL 33150

Title TF A  
Name DUTRUEILLE, RAYMONDE  
Address 1411 BLOSSOM STREET  
City-State-Zip: ELMONT NY 11003

Title BC  
Name PAUL, GABRIELLE  
Address 9056 VILLA PORTOFINO CIRCLE  
City-State-Zip: BOCA RATON FL 33496

Title S  
Name HECDIVERT, ERNSA  
Address 1094 WOODFIELD RD  
City-State-Zip: GREENACRES FL 33415

Title BD  
Name ROMAIN, GINETTE  
Address 918 NE 19TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title BD  
Name ST VIL, CARLINE  
Address 9056 VILLA PORTOFINO CIR  
City-State-Zip: BOCA RATON FL 33496

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*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:** CATHELINE B BOURDEAU**PRESIDENT****04/03/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	MASSA, KETLIE JEAN LOUIS
Address	4976 SW 8TH STREET
City-State-Zip:	MARGATE FL 33068