

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000125

Entity Name: INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, INC.**FILED**
May 12, 2017
Secretary of State
CC3148072675**Current Principal Place of Business:**2300 PALMM BEACH BLVD
STE 103
WEST PALM BEAHC, FL 33409**Current Mailing Address:**2300 PALMM BEACH BLVD
STE 103
WEST PALM BEAHC, FL 33409 US**FEI Number:** 65-0458135**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABELLARD, YANICK M
9334 HEATHRIDGE DRIVE
WEST PALM BEACH, FL 33411 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	CEO
Name	ABELLARD, YANICK M
Address	9334 HEATHRIDGE DRIVE
City-State-Zip:	WEST PALM BEACH FL 33411

Title	D
Name	CADET, JOCELINE
Address	2100 WHITE PINE CIR
City-State-Zip:	GREENACRES FL 33415

Title	D
Name	SARAKA ABREU, MARIE A
Address	4 HAMMOND PLACE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	D
Name	DORVILUS, LEMEL
Address	14576 KEY LIME BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	D
Name	LOUISSAINT, ELIE
Address	1020 SOUTH DIXIE HIGHWAY
City-State-Zip:	LAKE WORTH FL 33460

Title	D
Name	JOSEPH, BIBLONDE DR.
Address	6618 DUVAL AVE
City-State-Zip:	WEST PALM BEACH FL 33411

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: YANICK M. ABELLARD**CHIEF EXECUTIVE
OFFICER****05/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date