

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007955

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC1159578415**

**Entity Name:** ORGANISATION POUR LE DEVELOPPEMENT DE KASKOU INC.

**Current Principal Place of Business:**

1219 SOLANA RD  
NAPLES, FL 34103

**Current Mailing Address:**

1219 SOLANA RD  
NAPLES, FL 34103 US

**FEI Number: 46-3574708**

**Certificate of Status Desired: Yes**

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

JONES, SHIELYN  
1219 SOLANA RD  
NAPLES, FL 34103 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  
Name JONES, SHIELYN  
Address 1219 SOLANA RD  
City-State-Zip: NAPLES FL 34103

Title VP  
Name DECILIEN, JACKY  
Address 1101 HICKOCA LN  
City-State-Zip: IMMOKALEE FL 34142

Title TREA  
Name SAINT JEAN, LAROSE  
Address 662 109TH AVE N  
City-State-Zip: NAPLES FL 34108

*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: LAROSE SAINT JEAN**

**TREASURER**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date