2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006642

FILED Apr 30, 2006 Secretary of State

Entity Name: EGLISE DE DIEU ASSEMBLEE DE LA GRACE, MENONITE, INC.

Current Principal Place of Business: New Principal Place of Business: 615 9TH STREET NORTH 615 NORTH 9TH STREET IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 **Current Mailing Address: New Mailing Address:** PO BOX 1010 IMMOKALEE, FL 34143 FEI Number: 65-1050884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOUIS, LAURENT 3511 22ND STREET SW LEHIGH ACRES, FL 33971 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAURENT, LOUIS Name: Name: 3511 22ND STREET SW Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: PD Title: () Delete () Change () Addition GILOT, MARIE L Name: Name: Address: 1707 N 6TH AVE Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: Title: () Delete Title: (X) Change () Addition GUILLAUME, HIRLANDE GUILLAUME, HIRLANDE Name: Name: 1956 ALEXANDER CIRCLE 1812 ASH LANE Address: Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142 Title: VD () Delete Title: VD (X) Change () Addition Name: LUBIN, RELACE Name: LUBIN, RELACE 2176 DAIVS STREET Address: Address: 2176 DAVIS STREET City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33901 Title: () Delete Title: () Change () Addition FRITZ, JOELLE Name: Name: 2711 DELLA AVE Address: Address: City-St-Zip: IMMOKALEE, FL 34143 City-St-Zip: Title: () Delete Title: (X) Change () Addition SIMILIEN, FABIOLA SIMILIEN, MARIE F TD Name: Name: Address: 1921 ALEXENDER CIRCLE Address: 462 ROSE AVENUE IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIEFSIMILIEN TD 04/30/2006