

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006642

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

615 NORTH 9TH STREET
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 1010
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 65-1050884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS, LAURENT
3511 22ND STREET SW
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LAURENT, LOUIS
Address: 3511 22ND STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD () Delete
Name: GILOT, MARIE L
Address: 1707 N 6TH AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: VD () Delete
Name: GUILLAUME, HIRLANDE
Address: 1812 ASH LANE
City-St-Zip: IMMOKALEE, FL 34142

Title: VD () Delete
Name: LUBIN, RELACE
Address: 2176 DAVIS STREET
City-St-Zip: FT MYERS, FL 33901

Title: SD () Delete
Name: FRITZ, JOELLE
Address: 2711 DELLA AVE
City-St-Zip: IMMOKALEE, FL 34143

Title: TD () Delete
Name: SIMILIEN, MARIE F TD
Address: 462 ROSE AVENUE
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURENT LOUIS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date