2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008680

FILED Apr 26, 2008 Secretary of State

Entity Name: EGLISE EVANGELIQUE SHECANIA, INC. **Current Principal Place of Business: New Principal Place of Business:** 51 N CONGRES AVE 101 S. CONGRES AVE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** PO BOX 12321 PO BOX 1232 BOYNTON BEACH, FL 33425 BOYNTON BEACH, FL 33425 FEI Number: 56-2604714 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: DERILUS, OSIAS 12157 CÓLONY PRESERVE DRIVE BOYNTON BEACH, FL 33436 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 OSTAGNE, JEAN H Name: Name: 2115 LINTON BLVD #4 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: DS Title: () Delete () Change () Addition FRANCOIS, MARGARETTE O Name: Name: Address: 2115 LINTON BLVD #4 Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: DT (X) Change () Addition THELLEUS, BERTHIDE JEAN, EMIER Name: Name: 12 CROSSING CIRCLE #D-103 10377 BOYNTON PLACE CIRCLE Address: Address: City-St-Zip: BOYTON BEACH, FL 33435 City-St-Zip: BOYTON BEACH, FL 33437 Title: () Delete Title: () Change () Addition PIERRE, ROSALAINE Name: Name: Address: 1610 1ST CT Address: City-St-Zip: BOYTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition OSTAGNE, CANIAL OSTAGNE, CANIEL Name: Name: 2115 LINTON BLVD APT 4 2115 LINTON BLVD APT 4 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

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: JEAN HARRY C. OSTAGNE P/D 04/26/2008