2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N07000003881

Entity Name: MISSION POLYVALENTE SPIRITUELLE DE CA -IRA, INC.

Current Principal Place of Business:

7624 FAIRWAY BOULEVARD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7624 FAIRWAY BOULEVARD
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-8416239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRANCOIS, RUTH
7624 FAIRWAY BOULEVARD
MIRAMAR, FL 33023 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: P ( ) Delete
Name: FRANCOIS, HARRY-HANS DR.
Address: 7624 FAIRWAY BOULEVARD
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete
Name: FRANÇOIS, RUTH
Address: 7624 FAIRWAY BOULEVARD
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete
Name: JOSEPH, G. AURIOL
Address: 860 N.E. 207TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: HECTOR, GESNER
Address: 6220 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: HYPPOLITE, MICHEL
Address: 6220 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: CHARLES, RAPHAEL
Address: 860 N.E. 207TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRANCOIS, HARRY-HANS DR.
Address: 5342 N.E. 4TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: VP (X) Change ( ) Addition
Name: FRANCOIS, RUTH
Address: 7624 FAIRWAY BOULEVARD
City-St-Zip: MIRAMAR, FL 33023

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

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

Title: D (X) Change ( ) Addition
Name: NICOLAS, SMITH
Address: 95, RUE VINCENT, BROCHETTE #95
City-St-Zip: CARREFOUR, HAITI, HT HAITI WI

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: DR. HARRY-HANS FRANCOIS, PH.D., N.D. P 02/19/2009

Electronic Signature of Signing Officer or Director — Date