

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18123

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** ECLISE MISSIONAIRE TROMPETTE DE SION, INC.

**Current Principal Place of Business:**

7642 N.W. 7TH AVE.  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

7642 N.W. 7TH AVE.  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 65-0032708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSMA, SILNY REV  
7642 NW 7TH AVE  
MIAMI, FL 33150 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: D ( ) Delete  
Name: NEPTUNE, LEONEL REV  
Address: 6081 WORCONDA WAY  
City-St-Zip: LAKE WORTH, FL 33163

Title: D ( ) Delete  
Name: GEORGE, VELIA  
Address: 8375 NE 3RD COURT  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: JOSMA, MARIE L  
Address: 9605 SW 78TH ST  
City-St-Zip: MIAMI, FL 33173

Title: P ( ) Delete  
Name: JOSMA, SILNY  
Address: 7642 NW 7TH AVE.  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: JOSMA, LYCEE  
Address: 3199 HANGING MOSS CIRC  
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete  
Name: FINELIA, DORCEANT  
Address: 845 NW 149 TERR  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: METELLUS, GELERME DIENT.  
Address: 21200 NW 14TH  
City-St-Zip: MIAMI, FL 33169

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: LYCEE JOSMA

OFFI

03/04/2009

Electronic Signature of Signing Officer or Director

Date