2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000691

FILED Feb 26, 2008 Secretary of State

Entity Name: EGLISE MISSIONNAIRE SOURCE DE VIE, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	AKLAND PARK	•			
. 14 ORT LAI	UDERDALE, FL	. 33311			
urrent Mailing Address:			New Mailing Addre	New Mailing Address:	
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ORT LAI	UDERDALE, FL	33310			
El Number	r: 65-0720109	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
3375 SEI	, JEAN-CLAUDE RENE MEADO\ .TON, FL 33428	W DRIVE SOUTH			
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing its register	ed office or registered agent, or botl	
IGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
FFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
tle: ame: ldress: ty-St-Zip:	BELIZAIRE, RO PO BOX 8976	Delete NALD DALE, FL 33310 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
ile: ame: ldress: ty-St-Zip:	DAVIN, GUERDA PO BOX 8976	Delete A DALE, FL 33310 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
	* *		Title: Name: Address:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	BEAUBRUN, RC 2543 NW 49TH LAUDERLHILL,		City-St-Zip:		
ame: ddress:	2543 NW 49TH LAUDERLHILL, V () PIERRE, CLAUI 1710 N CYPRES	FL 33313 US Delete DIN	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
ame: ddress: ty-St-Zip: tle: ame: ddress:	2543 NW 49TH LAUDERLHILL, V () PIERRE, CLAUI 1710 N CYPRES POMPANO BEA D () FERGILE, GUEI 4411 NW 32 ST	FL 33313 US Delete DIN SS ROAD CH, FL 33060 US Delete RDA	Title: Name: Address:	() Change () Addition () Change () Addition	

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: GUERDA FERGILE D 02/26/2008