

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706669

FILED
May 16, 2011
Secretary of State

Entity Name: FLEUR-DE-LIS, INC.

Current Principal Place of Business:

#1 NO. GOLFVIEW RD
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

#1 NO. GOLFVIEW RD
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1003399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADDEN, MICHAEL
1 NORTH GOLFVIEW DR
APT 603
LAKE WORTH, FL 33460 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: TR
Name: WADDEN, MICHAEL
Address: 1 NORTH GOLF VIEW, # 602/603
City-St-Zip: LAKE WORTH, FL 33460

Title: SD
Name: GILLIGAN, BARBARA
Address: 1 N GOLFVIEW #704
City-St-Zip: LAKE WORTH, FL 33460

Title: D
Name: PARKER, CLIFFORD
Address: 1 N GOLFVIEW, APT 302
City-St-Zip: LAKE WORTH, FL 33460

Title: VP
Name: GIBNEY, JOHN
Address: 76 POND ST
City-St-Zip: METHEUN, MA 08144

Title: D
Name: KENT, SUSAN
Address: 1 N GOLFVIEW, APT 501
City-St-Zip: LAKE WORTH, FL 33460

Title: P
Name: GILLIGAN, THOMAS
Address: 1 N GOLFVIEW RD, APT 704
City-St-Zip: LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL F. WADDEN

TR

05/16/2011

Electronic Signature of Signing Officer or Director

Date