

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006642

**Entity Name:** EGLISE DE DIEU ASSEMBLEE DE LA GRACE, MENONITE, INC.**Current Principal Place of Business:**615 NORTH 9TH STREET  
IMMOKALEE, FL 34142**Current Mailing Address:**P.O BOX 1010  
IMMOKALEE, FL 34143**FEI Number: 65-1050884****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LOUIS, LAURENT  
3511 22ND STREET SW  
LEHIGH ACRES, FL 33971 US*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**Officer/Director Detail :**

Title	PD
Name	LAURENT, LOUIS
Address	3511 22ND STREET SW
City-State-Zip:	LEHIGH ACRES FL 33971

Title	VD
Name	JESUMENE, LOUIS
Address	3511 22ND. STREET SW
City-State-Zip:	LEHIGH ACRES FL 33976

Title	SD
Name	MARIE JOELLE, ROUSSEAU
Address	2711 DELLA AVE
City-State-Zip:	IMMOKALEE FL 34143

Title	PD
Name	EVENS, VOLCY
Address	1103 ALLEGIANCE WAY
City-State-Zip:	IMMOKALEE FL 34142

Title	VD
Name	LUBIN, RELACE
Address	2176 DAVIS STREET
City-State-Zip:	FT MYERS FL 33901

Title	TD
Name	ANTOINE, BELRICE
Address	1255 ALLEGIANCE WAY
City-State-Zip:	IMMOKALEE FL 34142

*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: PAST. LAURENT LOUIS****PASTOR PRINCIPAL****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date