

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000002803

FILED
Sep 30, 2005
Secretary of State

Entity Name: CAISSE D'EPARGNE ET DE CREDIT DE L'UNION DES COOPERATIVES CHRETIENNES
(CECUCCH), ONG.

Current Principal Place of Business:

5653 MYAKKA AVE.
INTERCESSION CITY, FL 33848

New Principal Place of Business:

Current Mailing Address:

PO BOX 24638 - GCC
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-1114764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORISSET, MICHEL PDT
2211 2ND AVE. NORTH
SUITE 11 - GCC
LAKE WORTH, FL 33461 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: MICHEL MORISSET

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORISSET, MICHEL
Address: P.O.BOX 24638 - GCC
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S () Delete
Name: PLATEL-WESH, MARIE Y
Address: 7020 NW 20TH ST.
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: MORISSET, HÉRISSE
Address: 5653 MYAKKA AVE.
City-St-Zip: INTERCESSION CITY, FL 33848

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MORISSET, MICHELSON
Address: 5653 MYAKKA AVE.
City-St-Zip: INTERCESSION CITY, FL 33848

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHEL MORISSET

PDT

09/30/2005

Electronic Signature of Signing Officer or Director

Date