

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002803

FILED  
May 30, 2006  
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:**

3170 AIRMANS DRIVE  
UNIT 2012 - GCC  
FORT PIERCE, FL 34946

**FEI Number:** 65-1114764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

MORISSET, MICHEL PDT  
3170 AIRMANS DRIVE  
UNIT 2012 - GCC  
FORT PIERCE, FL 34946 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: MICHEL MORISSET

05/30/2006

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, MICHELSON  
Address: 5653 MYAKKA AVE.  
City-St-Zip: INTERCESSION CITY, FL 33848

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

Title: PD (X) Change ( ) Addition  
Name: MORISSET, MICHEL  
Address: UNIT 2012 - GCC, 3170 AIRMANS DRIVE  
City-St-Zip: FORT PIERCE, FL 34946

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 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: MICHEL MORISSET

PD

05/30/2006

Electronic Signature of Signing Officer or Director

Date