

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002902

FILED
Jun 03, 2009
Secretary of State

Entity Name: EGLISE EVANGELIQUE TRIOMPHE, INC.

Current Principal Place of Business:

2085 NORTH DIXIE HIGHWAY
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

2085 NORTH DIXIE HIGHWAY
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1019661 **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:

Name and Address of New Registered Agent:

DOCILAIT, DELIVEST
390 SW 14 STREET
DEERFIELD BEACH, FL 33441 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOCILAIT, DELIVEST
Address: 390 SW 14 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: DORISTIN, SILFRANCE
Address: 750 NE 43 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: MORAME, CLAUDIUS
Address: 325 SW 2 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: DORISTIN, GENTON
Address: 750 NE 43 STREET
City-St-Zip: DEERFIELD BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: DELIVEST DOCILAIT

D

06/03/2009

Electronic Signature of Signing Officer or Director

Date