

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90014 018 ****61.50

DOCUMENT # N00000006642
1. Entity Name
EGLISE DE DIEU ASSEMBLEE DE LA GRACE,
MENONITE, INC.



Principal Place of Business: 615 9TH STREET NORTH
IMMOKALEE FL 34142
Mailing Address: PO BOX 1010
IMMOKALEE FL 34143

J4Ubb683



MOORE CR2E037 (4/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1050884
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOUIS, LAURENT
3511 22ND STREET SW
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Laurent Louis*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: LAURENT, LOUIS STREET ADDRESS: 3511 22ND STREET SW CITY-ST-ZIP: LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete
TITLE: VD NAME: GILOT, MARIE L STREET ADDRESS: 1707 N 6TH AVE CITY-ST-ZIP: IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE: PD NAME: GUILLAUME, HIRLANDE STREET ADDRESS: 1956 ALEXANDER CIRCLE CITY-ST-ZIP: IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE: PD NAME: LUBIN, RELACE STREET ADDRESS: 2176 DAVIS STREET CITY-ST-ZIP: FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: SD Joelle FRITZ STREET ADDRESS: 2718 Della Ave Immokalee, FL CITY-ST-ZIP: 34143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T.D. NAME: Fabiola Similien STREET ADDRESS: 1921 Alexander Circle CITY-ST-ZIP: Immokalee, FL 34143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Laurent Louis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-04

Date: _____ Daytime Phone #: _____