

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

LOUIS, LAURENT  
3511 22ND STREET SW  
LEHIGH ACRES FL 33971

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LAURENT, LOUIS  
STREET ADDRESS 3511 22ND STREET SW  
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ Change ☒ Addition  
NAME SD Joelle FRITZ  
STREET ADDRESS 2718 Della Ave Immokalee, FL  
CITY-ST-ZIP 34143

TITLE VD ☐ Delete  
NAME GILOT, MARIE L  
STREET ADDRESS 1707 N 6TH AVE  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☒ Addition  
NAME T.D. Fabiola Similien  
STREET ADDRESS 1921 Alexander Circle Immokalee, FL  
CITY-ST-ZIP 34143

TITLE VD ☐ Delete  
NAME GUILLAUME, HIRLANDE  
STREET ADDRESS 1956 ALEXANDER CIRCLE  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LUBIN, RELACE  
STREET ADDRESS 2176 DAIVS STREET  
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

*Laurent Louis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-04

Date

Daytime Phone #