

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008483

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FRENCH SPEAKING COUNTRIES OUTREACH, INC.

**Current Principal Place of Business:**

501 LYDIA DRIVE  
NEW MARKET, TN 37820 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 423  
NEW MARKET, TN 37820

**New Mailing Address:**

FEI Number: 65-1031732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENGLER, JEAN-PAUL  
501 LYDIA DRIVE ,TN  
NEW MARKET, FL 37820 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ENGLER, JEAN-PAUL  
Address: 501 LYDIA DRIVE  
City-St-Zip: NEW MARKET, TN 37820

Title: D      ( ) Delete  
Name: ENGLER, JOSETTE  
Address: 501 LYDIA DRIVE  
City-St-Zip: NEW MARKET, TN 37820

Title: D      ( ) Delete  
Name: BENTLEY, DAVID  
Address: 7300 SHAMROCK DR.  
City-St-Zip: LITTLE ROCK, AR 72205

Title: D      ( ) Delete  
Name: CROSS, TIMOTHY L  
Address: 6450 ZELLER RD.  
City-St-Zip: WHITEHALL, MI 49461

Title: D      ( ) Delete  
Name: HALL, JEFFREY S  
Address: 1543 GANDERHILL DRIVE  
City-St-Zip: HOLT, MI 48842

**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:      ( ) 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 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: JOSETTE G ENGLER

D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date