

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006573

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: LEGLISE DE DIEU BON BERGER INC.

**Current Principal Place of Business:**

128 LEE BLVD  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

128 LEE BLVD  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 65-1091178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JULES, LIONEL  
218 CONNECTICUT RD  
LEHIGH ACRES, FL 33936      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: JULES, LIONEL  
Address: 218 CONNECTICUT RD  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: SD      ( ) Delete  
Name: JOSEPH, SHEILA  
Address: 2079 BELL CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: TD      ( ) Delete  
Name: JULES, ISMENE  
Address: 218 CONNECTICUT RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D      ( ) Delete  
Name: CAYO, BEATRICE  
Address: 3103 FIRST ST SW  
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: VP      ( ) Change (X) Addition  
Name: ROMULUS, JEAN W  
Address: 503 OAK HAVEN  
City-St-Zip: IMMOKALEE, FL 34142

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: LIONEL JULES

D

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date