

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006573

FILED
Apr 08, 2009
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 (X) Delete
Name: CAYO, BEATRICE
Address: 3103 FIRST ST SW
City-St-Zip: LEHIGH ACRES, FL 33971

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: JOSEPH, SHEILA
Address: 2079 BELL CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: SD (X) Change () Addition
Name: BAPTISTE, ROMENER
Address: 1707 6TH AVE NORTH
City-St-Zip: IMMOKALEE, FL 34142

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: LIONEL JULES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date