2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N02000005491

Entity Name: ASSEMBLEE DE LA GRACE, INC.

Current Principal Place of Business:

5117 N. 17TH ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5117 N. 17TH ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-6973458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIGAN, HERBERT
5117 N. 17TH ST
TAMPA, FL 33610 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: HARRIGAN, HERBERT
Address: 5117 N. 17TH ST
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: HARRIGAN, BERTHA
Address: 5117 N. 17TH ST
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: PAUL, I. PHAUNISE
Address: 14444 REUTER-STRASSE CIR
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: DORISCA, SANTALIA
Address: 7501 PITCH PINES CIR, 26 ST. APT C
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: JULIEN, VIRGINIE
Address: 403 WIMBLE COURT, APT B
City-St-Zip: SULPHUR SPRINGS, FL 33604

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: BERTHA HARRIGAN MS 02/25/2009

Electronic Signature of Signing Officer or Director — Date