

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90002 030 \*\*\*\*61.25

**DOCUMENT # N02000009222**

1. Entity Name

EGLISE DE DIEU VISION MISSIONNAIRE LA MANNE,  
INC.



Principal Place of Business

P.O.BOX 130087  
SUNRISE FL 33313

Mailing Address

P.O.BOX 130087  
SUNRISE FL 33313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

**NO-T APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEXIS, HERNS  
7180 NW 20TH CT  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

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

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

TITLE **P** ☐ Delete  
NAME ALEXIS, HERNS  
STREET ADDRESS 7180 NW 20TH CT  
CITY-ST-ZIP SUNRISE FL 33313

TITLE **T** ☐ Delete  
NAME ALEXIS, JACQUELINE  
STREET ADDRESS 7180 NW 20TH CT  
CITY-ST-ZIP SUNRISE FL 33313

TITLE **T** ☐ Delete  
NAME ETIENNE, ISLANDE  
STREET ADDRESS 2800 NW 56TH AVE  
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE **S** ☐ Delete  
NAME ALEXIS, SABYA  
STREET ADDRESS 701 NW 214 ST #501  
CITY-ST-ZIP MIAMI FL 33169

TITLE **I** ☐ Delete  
NAME ALEXIS, FITZGERALD  
STREET ADDRESS 701 NW 214 ST #501  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alexis Herms* Pastor 08-30-04 (954) 748-5040