

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009222

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** EGLISE DE DIEU VISION MISSIONNAIRE LA MANNE, INC.

**Current Principal Place of Business:**

P.O.BOX 130087  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 130087  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ALEXIS, HERNS  
7180 NW 20TH CT  
SUNRISE, FL 33313      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: P                      ( ) Delete  
Name: ALEXIS, HERNS  
Address: 7180 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33313

Title: T                      ( ) Delete  
Name: ALEXIS, JACQUELINE  
Address: 7180 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33313

Title: T                      ( ) Delete  
Name: ETIENNE, ISLANDE  
Address: 2800 NW 56TH AVE  
City-St-Zip: LAUDERDALE LAKES, FL

Title: S                      ( ) Delete  
Name: ALEXIS, SABYA  
Address: 701 NW 214 ST #501  
City-St-Zip: MIAMI, FL 33169

Title: T                      ( ) Delete  
Name: ALEXIS, FITZGERALD  
Address: 701 NW 214 ST #501  
City-St-Zip: MIAMI, FL 33169

**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 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 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: REV HERNS ALEXIS

P

04/26/2005

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

\_\_\_\_\_  
Date