

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004519

FILED
May 29, 2009
Secretary of State

Entity Name: L'EGLISE EVANGELIQUE DE L'ARRIERE SAISON, INC.

Current Principal Place of Business:

709 W. MAIN ST.
SUITE 3 & 4
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P O BOX 3494
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 02-0689538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERARD, PETER
1011 WEST MAIN STREET
UNIT 3
IMMOKALEE, FL 34142 US

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: DP () Delete
Name: DESPREZ, ANIVAIN
Address: P O BOX 3494
City-St-Zip: IMMOKALEE, FL 34142

Title: DS () Delete
Name: DESPREZ, LIZETTE
Address: P O BOX 3494
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: DESPREZ, OBERTO
Address: P O BOX 3494
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: CIVIL, JOSSELINE
Address: 112 ANHINGA CIRCLE APT 6
City-St-Zip: IMMOKALEE, FL 34142

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: D (X) Change () Addition
Name: CIVIL, JOSSELINE
Address: 112 ANHINGA CIRCLE APT 6
City-St-Zip: IMMOKALEE, FL 34142

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: ANIVAIN DESPREZ

DP

05/29/2009

Electronic Signature of Signing Officer or Director

Date