

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004519

FILED  
May 27, 2010  
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:**

1011 WEST MAIN STREET  
SUITE 4  
IMMOKALEE, FL 34142

**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:**

HERARD, PETER  
1011 WEST MAIN STREET  
UNIT 3  
IMMOKALEE, FL 34142 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: DP  
Name: DESPREZ, ANIVAIN  
Address: P O BOX 3494  
City-St-Zip: IMMOKALEE, FL 34143

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANIVAIN DESPREZ

DP

05/27/2010

Electronic Signature of Signing Officer or Director

Date