

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000004519

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1011 WEST MAIN STREET  
SUITE 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 ( )**

**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:** PETER HERARD

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

04/06/2012

Electronic Signature of Signing Officer or Director

Date