

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90045 010 ****61.25

DOCUMENT # N04000004966

1. Entity Name
EGLISE PRIMITIVE DEGETHSAMANE INC



Principal Place of Business
6318 W COLONIAL DR
ORLANDO, FL 32818 US

Mailing Address
6318 W COLONIAL DR
ORLANDO, FL 32818 US

50057841



2. Principal Place of Business

6324 W. COLONIAL DR
Suite, Apt. #, etc.

3. Mailing Address

6324 W. COLONIAL DR
Suite, Apt. #, etc.

07182005 Chg-NP CR2E037 (10/03)

City & State
Orlando FL
Zip
32818
Country
US

City & State
Orlando FL
Zip
32818
Country
US

4. FEI Number
11-3718935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELIE, LOUPSSEAU
6318 W COLONIAL DR
ORLANDO, FL 32818

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

Filing Fee is \$61.25
Due by September 7, 2005

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ELIE, LOUPSSEAU
6318 W COLONIAL DR
ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
COICOU, PAUL
8310 SNOWFIRE DR
ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRES
PIERRE, JOSEPH
1570 LAUREL HILL DR
ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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

7/18/05 407-253-2258
Date Daytime Phone #