

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 030 ****61.25

DOCUMENT # N04000004966

1. Entity Name
EGLISE PRIMITIVE DEGETHSAMANE INC



Principal Place of Business
6324 W COLONIAL DR
ORLANDO, FL 32818 US

Mailing Address
6324 W COLONIAL DR
ORLANDO, FL 32818 US

J0010010



04082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
6900 Silver Star Road, Suite 116
Orlando, FL 32818 Orange
3. Mailing Address
6900 Silver Star Road, Suite 116
Orlando, FL 32818 Orange

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

7. Name and Address of New Registered Agent

ELIE, LOUPSSEAU
6318 W COLONIAL DR
ORLANDO, FL 32818

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 May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	ELIE, LOUPSSEAU	
STREET ADDRESS	6318 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COICOU, PAUL	
STREET ADDRESS	8310 SNOWFIRE DR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	PIERRE, JOSEPH	
STREET ADDRESS	1570 LAUREL HILL DR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE:

Elie Loupsseau
ELIE LOUPSSEAU
04-08-06

Date

Daytime Phone #

407-293-4184