

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State

04-17-2006 90339 007 ****66.25

| | | | | | |
|--|---|---|--|---|---|
| DOCUMENT # N05000000288 1. Entity Name LOGE LES FILS DE LA LUMIERE, INC. | | | | | |
| Principal Place of Business 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569 | | | | Mailing Address 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569 | |
| 2. Principal Place of Business 402 W. WATERS AVE | | 3. Mailing Address P.O. Box 17976 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tampa FL | | City & State Tampa FL | | | |
| Zip 33604 | | Country Hillsborough | | Zip 33682 | |
| Country Hillsborough | | 4. FEI Number | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BASTIEN, GEORGES 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569 | | | | 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARCELLUS, MARC 1323 TREASURE KEY COURT TAMPA FL 33612 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUBOIS, PIERRE J. 5007 KNOLLWOOD PLACE TAMPA FL 33617 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASTIEN, GEORGES 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered. | | | | | |
| SIGNATURE: <u><i>Marc Marcellus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <u>4/7/06</u> <u>813-971.4121</u> <small>Date Daytime Phone #</small> | |