

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 014 ****61.25

DOCUMENT # N05000000288	
1. Entity Name LOGE LES FILS DE LA LUMIERE, INC.	

Principal Place of Business 402 W WATERS AVE TAMPA FL 33604	Mailing Address PO BX 17976 TAMPA FL 33682
---	--



2. Principal Place of Business - No P.O. Box # 2401 N. ALBANY AVE	3. Mailing Address 8404 N. Highland Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Highland Ave

1st MOORE CR2E037 (10/07)

City & State Tampa FL	City & State Tampa FL
Zip 33607	Zip 33604
Country Hillsborough	Country Hillsborough

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
---	--

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

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 Marcellus Marc Street Address (P.O. Box Number is Not Acceptable) 8404 N. Highland Ave Tampa FL City FL Zip Code 33604	

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 _____
-----------------	--	------------

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLUS, MARC 1323 TREASURE KEY COURT 8404 N. Highland Ave TAMPA FL 33612 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, PIERRE J. 5007 KNOLLWOOD PLACE TAMPA FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTIEN, GEORGES 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Marcellus Marc</u>	4-22-08	813-728-2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		