2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003946

FILED Mar 07, 2009 Secretary of State

Entity Name: ASSEMNLEE DE DIEU DE LAKE WORTH INC.							
Current Principal Place of Business:			New Principal Place of Business:				
3842 43RD LAKE WOR	DR RTH, FL 33461						
Current Mailing Address:			New Mailing Address:				
P.O. BOX 5 LAKE WOR	35 RTH, FL 33460						
FEI Number:	06-1747256	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status De	esired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
5647 110TH	TERED AGEN HAVE. NORTH LM BEACH, FL	TINC. 334110000 US					
The above in the State		bmits this statement for the pur	pose of changing it	s registered offi	ice or registered ag	ent, or both,	
SIGNATUR							
Electronic Signature of Registered Age				0/0114N10E0 E	Date	DIDECTOR	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP () D JOSEPH, CIUS 3842 43RD DR LAKE WORTH, FI		Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D AURELUS, MARIE 3842 43RD DR LAKE WORTH, FI	MARTHE	Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	DT () D DUMERJEAN, JAI 1102 S K STREE LAKE WORTH, FI	NVIER Γ	Title: Name: Address: City-St-Zip:	S (X) C ODIESSE, WILEM 1002 S. DIXIE HV LAKE WORTH, F	VY		
Title: Name: Address: City-St-Zip:	S () D ST. DUC, GERTY 5863 TRIPHAMMI LAKE WORTH, FI	ER RD	Title: Name: Address: City-St-Zip:	DT (X) C ST. DUC, GERTY 5863 TRIPHAMM LAKE WORTH, F	ER RD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CIUS JOSEPH DP 03/07/2009