

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004541

1. Entity Name
GROUP FANM IMMACULEE CONCEPTION INC.



Principal Place of Business
1203 NORTH NEBRASKA AVENUE
TAMPA, FL 33602

Mailing Address
P.O BOX 320623
TAMPA, FL 33679

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
02-0749855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELIX, MARJORIE D
4112 W. GRAY STREET
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000707197
04/24/07-80063-025 61.25

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|------------------------|
| TITLE | VP |
| NAME | TOULME, JOSETTE |
| STREET ADDRESS | 3910 INMAN AVENUE |
| CITY-ST-ZIP | TAMPA, FL 33609 |
| TITLE | T |
| NAME | JEAN, GUERDA M |
| STREET ADDRESS | 6616 NORTH 11TH STREET |
| CITY-ST-ZIP | TAMPA, FL 33604 |
| TITLE | S |
| NAME | MOSS, YVANA |
| STREET ADDRESS | 3408 EAST 33RD AVENUE |
| CITY-ST-ZIP | TAMPA, FL 33610 |
| TITLE | P |
| NAME | FELIX, MARJORIE D |
| STREET ADDRESS | 4112 W. GRAY STREET |
| CITY-ST-ZIP | TAMPA, FL 33609 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Marjorie Felix MARJORIE FELIX

04/02/07

813-281-9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #