


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 013 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 02-0749855 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FELIX, MARJORIE D 4112 W. GRAY STREET TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input 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 President NAME TOULME, JOSETTE STREET ADDRESS 3910 INMAN AVENUE CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Jean Guerdam NAME JEAN GUERDAM STREET ADDRESS 6816 NORTH 11TH STREET CITY-ST-ZIP TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Marie Bourdeau STREET ADDRESS 10004 Oakengate PL. CITY-ST-ZIP Tampa FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Moss Yana NAME MOSS YANA STREET ADDRESS 3408 EAST 33RD AVENUE CITY-ST-ZIP TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Josefite Fleurantia STREET ADDRESS 11801 No. 50th ST Apt D-13 CITY-ST-ZIP Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Felix, Marjorie D NAME FELIX, MARJORIE D STREET ADDRESS 4112 W. GRAY STREET CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE Vf NAME Esmeralda Brutis STREET ADDRESS 1718 W. Nassau ST CITY-ST-ZIP Tampa FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Assistant Treasurer NAME Marceline Charles STREET ADDRESS 1202 N. 22nd ST Apt 1125 CITY-ST-ZIP 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	<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 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: <i>Josefite Toulme</i> Josefite Toulme 4/17/08 813 289 3142					