2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N05000004541

Entity Name: GROUP FANM IMMACULEE CONCEPTION INC.

Current Principal Place of Business:

1203 NORTH NEBRASKA AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O BOX 320623
TAMPA, FL 33679

New Mailing Address:

FEI Number: 02-0749855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOULIME, JOSETTE
3910 L INMAN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: TOULME, JOSETTE
Address: 3910 INMAN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete
Name: BOURDEAU, MARIE
Address: 10004 OAKENGATE PL
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: FLEURANTIA, JOSETTE
Address: 1801 N 50TH ST APT D-13
City-St-Zip: TAMPA, FL 33617

Title: P ( ) Delete
Name: ESMERALDA, BRUTUS
Address: 1718 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: AT ( ) Delete
Name: CHARLES, MARCELINE
Address: 1220 N 22 ND ST APT 1125
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TOULME, JOSETTE
Address: 3910 INMAN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ESMERALDA, BRUTUS
Address: 1718 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSETTE TOULME PRES 02/08/2009

Electronic Signature of Signing Officer or Director — Date