

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004541

FILED  
Mar 13, 2011  
Secretary of State

**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:**

1203 NORTH NEBRASKA AVENUE  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 02-0749855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOULME, 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:** PRES  
**Name:** TOULME, JOSETTE  
**Address:** 3910 INMAN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

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

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

**Title:** VP  
**Name:** ESMERALDA, BRUTUS  
**Address:** 1718 W NASSAU ST  
**City-St-Zip:** TAMPA, FL 33607

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

I hereby 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 all other like empowered.

**SIGNATURE:** JOSETTE TOULME

PRES

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date