2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N05000012166

Entity Name: INSTITUTION MIXTE COMMUNAUTAIRE BON BERGER INC.

Current Principal Place of Business:

1601 GLENHAVEN CIR
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1601 GLENHAVEN CIR
OCOEE, FL 34761

New Mailing Address:

FEI Number: 20-3884924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHAMPAGNE, FRANTZ
1601 GLENHAVEN CIR
OCOEE, FL 34761 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: P ( ) Delete
Name: CHAMPAGNE, ANNETTE
Address: 1601 GLENHAVEN CIR
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete
Name: CHAMPAGNE, LYONEL
Address: 1587 NW 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete
Name: ST.LOUIS, MONA
Address: 550 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: CHAMPAGNE, FRANTZ
Address: 1601 GLENHAVEN CIR
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete
Name: CHAMPAGNE, ALIX
Address: 971 LINCOLN PL
City-St-Zip: BROOKLYN, NY 11213

Title: D ( ) Delete
Name: GOBY, JEAN
Address: 1946 ASPEN RIDGE CT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: FRANTZ CHAMPAGNE T 04/13/2009
Electronic Signature of Signing Officer or Director — Date