

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-20-2007 00087005 151.25
N06000004903

DOCUMENT # N06000004903

1. Entity Name

ASSEMBLEE CHRETIENNE DE BERE, INC.



2007 MAY 11 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

519 BRIGHTON WAY
CASSELBERRY FL 32707

Mailing Address

519 BRIGHTON WAY
CASSELBERRY FL 32707

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

2250 Winterwoods Blvd.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32792

Country

USA

Zip

Country

4. FEI Number

56-2581941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORGELA, SAINTANE
519 BRIGHTON WAY
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BORGELA, SAINTANE
STREET ADDRESS 519 BRIGHTON WAY
CITY-STATE-ZIP CASSELBERRY FL 32707

TITLE D ☒ Delete
NAME MIRVILLE, JEAN RIGAUD
STREET ADDRESS 441 LOWNDES SQUARE
CITY-STATE-ZIP CASSELBERRY FL 32707

TITLE D ☐ Delete
NAME ANDRE, AGATHE
STREET ADDRESS 114 LANCER OAK DR
CITY-STATE-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME Joel Louis
STREET ADDRESS 301 Fairfield Dr.
CITY-STATE-ZIP Sanford, FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Saintane Borgela

4-12-07

(407) 265-3941

5/17/07