


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90063 044 \*\*\*\*61.25

<b>DOCUMENT # N06000004903</b> 1. Entity Name <b>ASSEMBLEE CHRETIENNE DE BERE, INC.</b>			
Principal Place of Business <b>2250 WINTERWOODS BLVD WINTER PARK, FL 32792</b>		Mailing Address <b>2250 WINTERWOODS BLVD WINTER PARK, FL 32792</b>	
2. Principal Place of Business - No P.O. Box # <b>2250 Winterwoods Blvd</b>		3. Mailing Address <b>519 Brighton Way</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Winter Park, FL</b>		City & State <b>Casselberry, FL</b>	
Zip <b>32792</b> Country <b>Orange</b>		Zip <b>32707</b> Country <b>Seminole</b>	
4. FEI Number <b>56-2581941</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BORGELA, SAINTANE 519 BRIGHTON WAY CASSELBERRY, FL 32707</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BORGELA, SAINTANE 519 BRIGHTON WAY CASSELBERRY, FL 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>LOUIS, JOEL 301 FAIRFIELD DR. SANFORD, FL 32771</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Origneau, Aurele Roland</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>118 St John circle Apt. 200 Fern Park, FL 32730</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ANDRE, AGATHE 114 LANCER OAK DR APOPKA, FL 32712</b>	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
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
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.			
<b>SIGNATURE: <u>Saintane Borgela</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/9/08</b> <small>Date</small> <b>407-265-3941</b> <small>Daytime Phone #</small>	