

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003237

FILED
Mar 20, 2009
Secretary of State

Entity Name: GROUPE MISSIONNAIRE EVANGELIQUE DE GEDEON, INC.

Current Principal Place of Business:

1130 NW 116TH TERR.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1130 NW 116TH TERR.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-1305905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORESTAL, LIONEL
1130 NW 116TH TERR.
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

FLORESTAL, LEONEL
1130 NW 116TH TERR.
MIAMI, FL 33168 US

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: LEONEL FLORESTAL

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORESTAL, LEONEL
Address: 1130 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33168

Title: VD () Delete
Name: BRUN, ABRAHAM
Address: 1130 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: JEAN-BAPTISTE, LAURETTE
Address: 1130 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

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: COUN () Change (X) Addition
Name: NORADEN, PHILLIP
Address: 1130 NW 116TH TERRACE
City-St-Zip: MIAMI, FL 33168

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: LEONEL FLORESTAL

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date