

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003881

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: MISSION POLYVALENTE SPIRITUELLE DE CA -IRA, INC.

## Current Principal Place of Business:

7624 FAIRWAY BOULEVARD  
MIRAMAR, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

7624 FAIRWAY BOULEVARD  
MIRAMAR, FL 33023

## New Mailing Address:

FEI Number: 20-8416239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FRANCOIS, RUTH  
7624 FAIRWAY BOULEVARD  
MIRAMAR, FL 33023 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: FRANCOIS, HARRY-HANS DR.  
Address: 7624 FAIRWAY BOULEVARD  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: FRANÇOIS, RUTH  
Address: 7624 FAIRWAY BOULEVARD  
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete  
Name: DUBOIS, J. BARTHELEMY  
Address: 6220 WILEY STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: HECTOR, GESNER  
Address: 6220 WILEY STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: HYPOLITE, MICHEL  
Address: 6220 WILEY STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: CHARLES, RAPHAEL  
Address: 860 N.E. 207TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: JOSEPH, G. AURIOL  
Address: 860 N.E. 207TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: RUTH FRANCOIS

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date