

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006220

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: EGLISE DE DIEU LA JERUSALEM CELESTE INC

**Current Principal Place of Business:**

1941 SUNSTE PLACE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1941 SUNSTE PLACE  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 26-0390396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLERVEAU, ELOUDE  
1153 NW JUANITA PLACE  
CAPE CORAL, FL 33993      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: T      ( ) Delete  
Name: DELICE, MENEL  
Address: 1684 KENSINGTON CT  
City-St-Zip: FORT MYERS, FL 33907

Title: P      ( ) Delete  
Name: CLERVEAU, MATHIEU PASTOR  
Address: 1153 NW JUANITA PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: S      ( ) Delete  
Name: DESROCHE, SAINTALES  
Address: 22 NW 28 TER.  
City-St-Zip: CAPE CORAL, FL 33993

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S      (X) Change ( ) Addition  
Name: JEAN CLAUDE, PHILISTIN  
Address: 311 3TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33976

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: MATHIEU CLERVEAU

P

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date