

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009318

FILED
Jan 16, 2009
Secretary of State

Entity Name: EGLISE EVANGELIQUE VOEU DIVIN INC

Current Principal Place of Business:

702 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

702 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 26-1104859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHELIN, EBENSON
3333 DUCK AVE
L108
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

EBENSON MICHELIN
3333 DUCK AVE
G105
KEY WEST, FL 33040 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: EBENSON MICHELIN

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHELIN, EBIEN
Address: 3333 DUCK AVE L108
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: MICHELIN, EBENSON
Address: 3333 DUCK AVE L108
City-St-Zip: KEY WEST, FL 33040

Title: AC () Delete
Name: MICHAEL, MARIE F
Address: 720 WHITEHEAD ST 6F
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: MICHELIN, DULIA R
Address: 3333 DUCK AVE L108
City-St-Zip: KEY WEST, FL 33040

Title: C () Delete
Name: MICHAEL, BETTY
Address: 720 WHITEHEAD ST 6F
City-St-Zip: KEY WEST, FL 33040

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICHELIN, EBIEN
Address: P.O BOX 5173
City-St-Zip: KEY WEST, FL 33045

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

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

Title: SEC. (X) Change () Addition
Name: INEUS, ISLANDE
Address: 5740 4TH AVENUE #3
City-St-Zip: KEY WEST, FL 33040

Title: CON. (X) Change () Addition
Name: ANILUS, SIMBOINE
Address: LAUREL AVE # 63
City-St-Zip: KEY WEST, FL 33040

Title: AC. () Change (X) Addition
Name: GINETTE, PAUL
Address: 213 121314 ST
City-St-Zip: KEY WEST, FL 33040

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: EBENSON MICHELIN

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date