2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011317

Entity Name: EGLISE EVANGELIQUE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7795 DAVIS BLVD UNIT 209 11985 COLLIER BLVD NAPLES, FL 34104

NAPLES, FL 34116

Current Mailing Address: New Mailing Address:

7795 DAVIS BLVD UNIT 209 11985 COLLIER BLVD NAPLES, FL 34104

NAPLES, FL 34116

FEI Number: 32-0224431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLARK, ALFRED W JR, ESQ JOHN A., GARNER W JR, ESQ 4501 TÁMIAMI TRL N 800 LAUREL OAK DR., STE.303 NAPLES, FL 34103 NAPLES, FL 34108-

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: INOUALIEN BEAUPLAN 04/29/2009

> Electronic Signature of Registered Agent Date

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

(X) Change () Addition () Delete BEAUPLAN, INOUALIEN BEAUPLAN, INOUALIEN Name: Name:

Address: 2205 GREEN BACK CIR #203 Address: 5005 CATALINA CT. City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition Name: HILAIRE, PIERRE R Name: HILAIRE, PIERRE R

Address: 4595 25TH CT SW Address: 7859 CLEMSON ST APT.#102 City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34104

Title: () Delete Title: () Change () Addition

GUERRIER, JOCELET Name: Name: 14519 ABIAKA WAY Address: Address: City-St-Zip: NAPLES, FL 34114 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: INOUALIEN BEAUPLAN Ρ 04/29/2009