

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000352

FILED
Apr 29, 2009
Secretary of State

Entity Name: FRANTZLAMOURMINISTRIES, INC.

Current Principal Place of Business:

1365 THORNRIDGE LANE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1365 THORNRIDGE LANE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 61-1550749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMOUR, FRANTZ PASTOR
1365 THORNRIDGE LANE
ROYAL PALM BEACH, FL 33411 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: LAMOUR, FRANTZ
Address: 1365 THORNRIDGE LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: DIEUJUSTE, JEAN RENE
Address: 971 PIPPERS CAY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TR () Delete
Name: LAMOUR, DJENNY
Address: 1365 THORNRIDGE LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SC () Delete
Name: MESADIEU, SONEL PASTOR
Address: 6717 3RD STREET
City-St-Zip: JYPITER, FL 33458

Title: AV () Delete
Name: JEAN, DENISE
Address: 200 NORTH CHILLINGWORTH DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: M () Delete
Name: LAMOUR, LINDA
Address: 1319 MARCIA PLACE
City-St-Zip: WEST PALM BEACH, FL 33407

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: () Change () Addition
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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: FRANTZ LAMOUR

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date