

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000352

FILED  
May 09, 2012  
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  
**Name:** LAMOUR, FRANTZ  
**Address:** 1365 THORNRIDGE LANE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** PASTOR FRANTZ LAMOUR

PR

05/09/2012

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

\_\_\_\_\_  
Date