2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2009

DOCUMENT# N08000004546 Secretary of State Entity Name: SUPREME CONSEIL DES GRANDS INSPECTEURS GENERAUX DE L'ETAT DE LA FLORIDE **INCORPORATED Current Principal Place of Business: New Principal Place of Business:** 600 S. TAMPA AVE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 14247 SAPPHIRE BAY CIRCLE ORLANDO, FL 32828 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELABRE, JEAN ROBERT 14247 SAPPHIRE BAY CIRCLE ORLANDO, FL 32828 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EXUME, JEAN CLAUDE L. Name: Name: 4583 HERITAGE OAK DR. Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition DAUPHIN, MICHEL Name: Name: Address: 1371 DUTCH ELM DRIVE Address: City-St-Zip: ORLANDO, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition BELABRE, JEAN ROBERT Name: Name: 14247 SAPPHIRE BAY CICLE Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition PAMPHILE, HUGUES Name: Name: 5602 PERRINE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition TELUSMA, SAMUEL Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JEAN R BELABRE D 04/28/2009

13825 MAGNOLIA GLEN CIRCLE

() Delete

SYLVAIN. PIERRE RICHARD

ORLANDO, FL 32828

2411 WEYMOUTH CT

KISSIMMEE, FL 34743

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition