

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009271

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** EGLISE DE DIEU DE LA MISSION SEMENCE, INC.

**Current Principal Place of Business:**

508 NORTH G STREET #B  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

916 PINE TERRACE  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 26-3461687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GABRIEL, REMERCIE  
916 PINE TERRACE  
LAKE WORTH, FL 33460 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: PD ( ) Delete  
Name: GABRIEL, REMERCIE  
Address: 916 PINE TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD ( ) Delete  
Name: MANASSE, MARIE CARIDA  
Address: 916 PINE TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

Title: SD ( ) Delete  
Name: ETIENNE, BENITA E  
Address: 916 PINE TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

Title: TD ( ) Delete  
Name: MORISSET, VIOLANGE  
Address: 916 PINE TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

Title: CD ( ) Delete  
Name: DIEUBOND, MAXI  
Address: 916 PINE TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

**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  
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: REMERCIE GABRIEL

P

03/17/2009

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

\_\_\_\_\_  
Date