

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011233

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: VOITURE LOCALE 863, INC.

**Current Principal Place of Business:**

3 PINE AIRE CIRCLE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

1490 US 27 N.  
LAKE PLACID, FL 33852

**Current Mailing Address:**

3 PINE AIRE CIRCLE  
LAKE PLACID, FL 33852

**New Mailing Address:**

1490 US 27 N.  
LAKE PLACID, FL 33852

FEI Number: 01-0919389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLOUGHE, RAYMOND  
3 PINE AIRE CIRCLE  
LAKE PLACID, FL 33852 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: PLOUGHE, RAYMOND  
Address: 3 PINE AIRE CIRCLE  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST ( ) Delete  
Name: MORIARITY, JERRY  
Address: 3 PINE AIRE CIRCLE  
City-St-Zip: LAKE PLACID, FL 33852

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

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: RAYMOND PLOUGHE

PRES

03/28/2009

Electronic Signature of Signing Officer or Director

Date