

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004793

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** THE OLD CATHOLIC CHURCH OF ORLANDO FRENCHSPEAKING CARIBBEAN COMMUNITY, INC.

**Current Principal Place of Business:**

8752 WELLESLEY LAKE DR APT 302  
ORLANDO, FL 32818

**New Principal Place of Business:**

8752 WELLESLEY LAKE DR APT 302  
302  
ORLANDO, FL 32818

**Current Mailing Address:**

8752 WELLESLEY LAKE DR APT 302  
ORLANDO, FL 32818

**New Mailing Address:**

8752 WELLESLEY LAKE DR APT 302  
302  
ORLANDO, FL 32818

FEI Number: 27-1182213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMEDEE, HYGORD  
8752 WELLESLEY LAKE DR APT 302  
ORLANDO, FL 32818 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: CEO  
Name: AMEDEE, HYGORD  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

Title: S  
Name: STIMPHIL, WILKEN  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

Title: T  
Name: CANEUS, OLGAT A  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: ANESTAL, SANITE  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: STIMPHIL, EXCELLENT  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: BLAISE, ROSA  
Address: 8752 WELLESLEY LAKE DR APT 302  
City-St-Zip: ORLANDO, FL 32818

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: FATHER HYGORD AMEDEE

REV

02/09/2012

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

\_\_\_\_\_  
Date