

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006658

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SAMLOUISJEANINTERNATIONALMINISTRIES, INC.

**Current Principal Place of Business:**

1615 NIGHT OWL TRAIL  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

1615 NIGHT OWL TRAIL  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 80-0432994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUIS-JEAN, SAMUEL  
1615 NIGHT OWL TRAIL  
MIDDLEBURG, FL 32068 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: D  
Name: LOUIS-JEAN, SAMUEL  
Address: 1615 NIGHT OWL TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: DUREUS, ERNST  
Address: 103 ST  
City-St-Zip: JACKSONVILLE, FL 32243

Title: D  
Name: LOUIS-JEAN, ENISE  
Address: 1532 LONG BAY ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: DOCILET, ESTELLE  
Address: 3104 SILVERADO CIRCLE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: DOUTANCE, CLAUDE  
Address: 48 AVE CHRISTOPHE CHANNEL  
City-St-Zip: PORT AU PRINCE, HAITI, XX

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:** SAMUEL LOUIS-JEAN

**PRES**

**04/26/2011**

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

\_\_\_\_\_  
Date