

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007194

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** EL SHADDAI CENTER OF HOPE SERVICES INC.

**Current Principal Place of Business:**

571 18TH ST. S.E.  
NAPLES, FL 34117

**New Principal Place of Business:**

3385 35TH AVE NE  
NAPLES, FL 34120

**Current Mailing Address:**

571 18TH ST. S.E.  
NAPLES, FL 34117

**New Mailing Address:**

3385 35TH AVE NE  
NAPLES, FL 34120

**FEI Number:** 80-0457531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTIL, ROCHENEL  
4490 20TH NE  
NAPLES, FL 34120 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  
Name: DORSAINVIL, SAINVIL  
Address: 3385 35TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: T  
Name: DORSAINVIL, CHIMENE  
Address: 3385 35TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: SD  
Name: DORSAINVIL, ANDRE  
Address: 530 NW 116 ST.  
City-St-Zip: MIAMI, FL 33168

Title: D  
Name: PIERRE, RAYMOND  
Address: 545 DESOTO BLVD.  
City-St-Zip: NAPLES, FL 34117

Title: D  
Name: LOUISY, EMMANUEL  
Address: 2061 DESOTO BLVD  
City-St-Zip: NAPLES, FL 34120

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: SAINVIL DORSAINVIL

PD

04/30/2011

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

\_\_\_\_\_  
Date