2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2011
Secretary of State

DOCUMENT# N09000007292

Entity Name: GROUP MONTAGNE DE DELIVRANCE FAMILY EMPOWERMENT INC.

Current Principal Place of Business:

5460 NORTH STATE ROAD 7, SUITE 229
NORTH LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

7814 SW 7TH PLACE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 80-0610010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, ADELINE
7814 SOUTH WEST 7TH PLACE
NORTH LAUDERDALE, FL 33068 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: CPD
Name: PIERRE, ADELINE
Address: 7814 SOUTH WEST 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DVP
Name: CALIXTE, FRITZ
Address: 7814 SOUTH WEST 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DST
Name: PIERRE, KENOLD
Address: 7814 SOUTH WEST 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D
Name: PIERRE, SANDRA
Address: 7814 SOUTH WEST 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: ADELINE PIERRE OWNE 05/19/2011

Electronic Signature of Signing Officer or Director Date