

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007292

FILED  
Aug 16, 2012  
Secretary of State

**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:**

CALIXTE, ADELINE P  
7814 SOUTH WEST 7TH PLACE  
NORTH LAUDERDALE, FL 33068 US

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: ADELINE P. CALIXTE

08/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: CALIXTE, ADELINE P  
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 P. CALIXTE

CEO

08/16/2012

Electronic Signature of Signing Officer or Director

Date