


2010 NOT FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ANNUAL REPORT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
 10 APR -7 AM 8:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N09000008424

1. Corporation Name

EGLISE EMMANUEL SOURCE DE LA GRACE, INC.

2. Principal Office Address - No P.O. Box #

800 W. OAKLAND PARK BLVD, #303

3. Mailing Office Address

800 W. OAKLAND PARK BLVD #303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS FL.

City & State

WILTON MANORS FL.

Zip

33311

Country

U.S.A

Zip

33311

Country

U.S.A

4. Date Incorporated or Qualified
 To Do Business in Florida

09-15-2009

5. FEI Number

38-3804064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAINT-CHARLES MEILLEUR

Street Address (P.O. Box Number is Not Acceptable)

800 W. OAKLAND PARK BLVD, #303

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33311

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 04/01/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SAINT-CHARLES PASTOR	800 W. OAKLAND PARK BLVD #303	WILTON MANORS FL 33311
D	FRANCISQUE BRIGITE	4653 NW 58TH, CT	TAMARAC FL 33319
D	SEIDE INNOCENTE	312 SW 77TH AVE.	N. LAUDERDALE FL. 33068

24/8

10. E-mail Address: EPIS50@YAHOO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



SAINT-CHARLES PASTOR

04/01/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #