2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N94000003801

Entity Name: EGLISE EVANGELIQUE DES PELERINS, INC.

Current Principal Place of Business:

1293 N.W. 119 ST
N MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680507
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0537279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASTEURIN, JAMES N REV
401 NW 152 ST.
BISCAYNE GARDENS, FL 33169 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: DPT ( ) Delete
Name: PIERRE, FRED
Address: 1050 N.E. 158 ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: DVS ( ) Delete
Name: PASTEURIN, MARIE N
Address: 401 NW 152 ST.
City-St-Zip: BISCAYNE GARDENS, FL 33169

Title: T ( ) Delete
Name: PASTEURIN, ROSALIE
Address: 1271 N.W. 119 ST.
City-St-Zip: NORTH MIAMI, FL 33167

Title: AVS ( ) Delete
Name: BREVIL, CHRISTELA
Address: 2920 SERDENBERRY AVE
City-St-Zip: KEY WEST, FL 33040

Title: M ( ) Delete
Name: FORGES, ALEXANDRE JEAN
Address: 11744 22 CT
City-St-Zip: MIAMI, FL 33167

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: JEAN, LENIQUE J
Address: 1520 NW 131ST STREET
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Change (X) Addition
Name: PASTEURIN, JAMES N
Address: 401 NW 152ND STREET
City-St-Zip: MIAMI,, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES NOAH PASTEURIN D 03/25/2009

Electronic Signature of Signing Officer or Director — Date