2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N96000002325

Entity Name: EGLISE DE DIEU L'HOPITAL PAR LA FOI, INC.

Current Principal Place of Business:

668 N PINE HILLS RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

668 N PINE HILLS RD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3380875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 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 ( ) Delete
Name: PHILIAS, MICHELINE REV
Address: 6407 CANTRELA DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete
Name: YVES, AMBROISE
Address: 13732 HUNTWICK DR
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: GERMAIN, NANCY
Address: 6833 CRESCENT RIDGE RD
City-St-Zip: ORLANDO, FL 32818

Title: SA ( ) Delete
Name: SOLANGE, PIERRE
Address: 1475 ROSE BLVD
City-St-Zip: ORLANDO, FL 32809

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:

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: MICHELINE PHILIAS PD 05/08/2007

Electronic Signature of Signing Officer or Director — Date