2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002325

FILED Jul 21, 2008 Secretary of State

Entity Name: EGLISE DE DIEU L'HOPITAL PAR LA FOI, INC. **Current Principal Place of Business: New Principal Place of Business:** 668 N PINE HILLS RD ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 668 N PINE HILLS RD 668 N PINE HILLS RD ORLANDO, FL 32818 ORLANDO, FL 32808 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: Name and Address of New Registered Agent: THORPE, LYSANDER 6327 PINEY GLEN LANE ORLANDO, FL 32819 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PHILIAS, MICHELINE REV PHILIAS, MICHELINE REV Name: Name: Address: 6407 CANTRELA DRIVE Address: 519 HERRING GULL CT ORLANDO, FL 32818 City-St-Zip: City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition YVES, AMBROISE Name: Name: Address: 13732 HUNTWICK DR Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition GERMAIN, NANCY Name: Name: 6833 CRESCENT RIDGE RD Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: SA () Delete Title: () Change () Addition SOLANGE, PIERRE Name: Name: Address: 1475 ROSE BLVD Address: City-St-Zip: ORLANDO, FL 32809 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 DIR 07/21/2008