

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002589

FILED
Apr 20, 2009
Secretary of State

Entity Name: ASSEMBLY OF THE VOICE OF THE SEVENTH ANGEL, INC.

Current Principal Place of Business:

202 NE 11TH AVENUE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

PO BOX 985
BOYNTON BEACH, FL 334250985

New Mailing Address:

FEI Number: 65-0328282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, FENOL
120 SOUTH ATLANTIC DR E
BOYNTON BEACH, FL, FL 33435 US

Name and Address of New Registered Agent:

FRANCOIS, FENOL
3449 SW SAN GIORGIO ST
PORT ST LUCIE, FL 34953 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: FENOL FRANCOIS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAXIME, CLAUDE
Address: 300 NW 22TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: DVP () Delete
Name: SAGET, JEAN FRANCOIS
Address: 826 S N STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: DS () Delete
Name: PIERRE- LOUIS, ANSON
Address: 1204 CHORUS WAY
City-St-Zip: ROYAL PALM BEACH, FL 33431

Title: DT () Delete
Name: PIERRE-LOUIS, ANSON
Address: 1204 CHORUS WAY
City-St-Zip: ROYAL PALM BEACH, FL 33431

Title: DVP () Delete
Name: FRANCOIS, FENOL
Address: 120 SOUTH ATLANTIC DR E
City-St-Zip: BOYNTON BEACH, FL 33435

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: DVP (X) Change () Addition
Name: FRANCOIS, FENOL
Address: 3449 SW SAN GIORGIO ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: FENOL FRANCOIS

DVP

04/20/2009

Electronic Signature of Signing Officer or Director

Date