

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006642

**Entity Name:** EGLISE DE DIEU ASSEMBLEE DE LA GRACE, MENONITE, INC.

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC0287599903**

**Current Principal Place of Business:**

615 NORTH 9TH STREET  
IMMOKALEE, FL 34142

**Current Mailing Address:**

P.O BOX 1010  
IMMOKALEE, FL 34143

**FEI Number: 65-1050884**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOUIS, LAURENT  
3511 22ND STREET SW  
LEHIGH ACRES, FL 33971 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LAURENT, LOUIS  
Address 3511 22ND STREET SW  
City-State-Zip: LEHIGH ACRES FL 33971

Title PD  
Name EVENS, VOLCY  
Address 1103 ALLEGIANCE WAY  
City-State-Zip: IMMOKALEE FL 34142

Title VD  
Name JESUMENE, LOUIS  
Address 3511 22ND. STREET SW  
City-State-Zip: LEHIGH ACRES FL 33976

Title VD  
Name LUBIN, RELACE  
Address 2176 DAVIS STREET  
City-State-Zip: FT MYERS FL 33901

Title SD  
Name MARIE JOELLE, ROUSSEAU  
Address 2711 DELLA AVE  
City-State-Zip: IMMOKALEE FL 34143

Title TD  
Name ANTOINE, BELRICE  
Address 1255 ALLEGIANCE WAY  
City-State-Zip: IMMOKALEE FL 34142

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURENT LOUIS**

**PASTOR**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date