

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005497

Entity Name: MONT DES OLIVIERS L'EGLISE, INC**Current Principal Place of Business:**1375 NW 117 STREET
MIAMI, FL 33167**Current Mailing Address:**1375 NW 117 STREET
MIAMI, FL 33167 US**FEI Number:** 46-2973928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELVA, LILIANE
1375 NW 117 STREET
MIAMI, FL 33167 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	P
Name	ST. JULIEN, MICHELINE
Address	1375 NW 117 STREET
City-State-Zip:	MIAMI FL 33167

Title	VP
Name	ST. JULIEN, PAUL
Address	1375 NW 117 STREET
City-State-Zip:	MIAMI FL 33167

Title	SEC
Name	DELVA, LILIANE
Address	1375 NW 117 STREET
City-State-Zip:	MIAMI FL 33167

Title	SMC
Name	DELVA, LUNY
Address	1375 NW 117 STREET
City-State-Zip:	MIAMI FL 33167

Title	TREA
Name	DPIERRE, ELVA
Address	1375 NW 117 STREET
City-State-Zip:	MIAMI FL 33167

Title	SMC
Name	WEBB, CHRISTOPHER
Address	4610 SUTHERLAND CIRCLE
City-State-Zip:	UPPER MARLBORO MD 20772

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: LILIANE DELVA**SECRETARY****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date