2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 23, 2004
Secretary of State

DOCUMENT# F01000002803

Entity Name: CAISSE D'EPARGNE ET DE CREDIT DE L'UNION DES COOPERATIVES CHRETIENNES (CECUCCH), ONG.

Current Principal Place of Business:

10585 SW 109TH COURT
201
MIAMI, FL 33176

New Principal Place of Business:

5653 MYAKKA AVE.
INTERCESSION CITY, FL 33848

Current Mailing Address:

PO BOX 24638 GCC
WEST PLAM BEACH, FL 33416

New Mailing Address:

PO BOX 24638 - GCC
WEST PALM BEACH, FL 33416

FEI Number: 65-1114764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUROSEV.
10585 SW 109TH COURT
201
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MORISSET, MICHEL PDT
2211 2ND AVE. NORTH
SUITE 11 - GCC
LAKE WORTH, FL 33461 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: MICHEL MORISSET 11/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRISSET, MICHEL
Address: 10585 SW 109TH COURT
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: BLAIR, GARY
Address: 1200 RIDGEFIELD BLVD #290
City-St-Zip: ASHVILLE, NC 28806

Title: T ( ) Delete
Name: GILPIN, BRUCE
Address: 318 SWEETWATER DR
City-St-Zip: HENDERSONVILLE, NC 28791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORISSET, MICHEL
Address: P.O.BOX 24638 - GCC
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S (X) Change ( ) Addition
Name: PLATEL-WESH, MARIE Y
Address: 7020 NW 20TH ST.
City-St-Zip: SUNRISE, FL 33313

Title: T (X) Change ( ) Addition
Name: MORISSET, HÉRISSÉ
Address: 5653 MYAKKA AVE.
City-St-Zip: INTERCESSION CITY, FL 33848

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HÉRISSÉ MORISSET MGER 11/23/2004
Electronic Signature of Signing Officer or Director Date