

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712051

Entity Name: ECUMENICAL DEVELOPMENTS, INC.**Current Principal Place of Business:**701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131**Current Mailing Address:**701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131 US**FEI Number:** 59-1377498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, PATRICIA
701 BRICKELL AVE
SUITE 1550
MIAMI, FL 33131 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 VP, 1
Name WILLIAMS, VARRON DR.
Address 701 BRICKELL AVE SUITE 1550
City-State-Zip: MIAMI FL 33131

Title SD
Name MCGEE, TIFFANY
Address 3199 FOX CROFT ROAD
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name ROBINSON, ROHAN
Address 2434 DAKOTA CLIFF STREET
City-State-Zip: RUSKIN FL 33570

Title CORRESPONDING SECRETARY,
ASST. TREASURER
Name VAUGHN, IVY MINISTER
Address 2851 N E 183 ST
City-State-Zip: AVENTURA FL 33160

Title PD
Name MCINTYRE, VINCENT PHD
Address 701 BRICKELL AVENUE
SUITE 1550
City-State-Zip: MIAMI FL 33131

Title VP, 2
Name ST CHARLES, JULES
Address 8310 N.E. 3RD AVENUE
City-State-Zip: MIAMI FL 33138

Title VC, DIRECTOR
Name BUIE, PIERRE SR.
Address 3050 HIGHLAND OAKS TERRACE
City-State-Zip: TALLAHASSEE FL 32301

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: DR.VINCENT MCINTYRE**DIRECTOR****03/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date