

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011244

Entity Name: EGLISE PENTECOTISTE PRIMITIVE HAITIENNE D'ORLANDO, INC.**FILED**
Mar 23, 2021
Secretary of State
1792564801CC**Current Principal Place of Business:**2402 SOUTH NASHVILLE AVE.
ORLANDO, FL 32805**Current Mailing Address:**2402 SOUTH NASHVILLE AVE
ORLANDO, FL 32805**FEI Number: 20-3734527****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CASTRY, JOSEPH PASTOR
2826 HEARTHSTONE WAY
ORLANDO, FL 32839 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	PT
Name	CASTRY, JOSEPH
Address	2826 HEARTHSTONE WAY
City-State-Zip:	ORLANDO FL 32839

Title	TT
Name	CASTRY, MARIE
Address	2826 HEARTHSTONE WAY
City-State-Zip:	ORLANDO FL 32839

Title	ASSI
Name	MARIE, CASTRY
Address	2826 HEARTHSTONE WAY
City-State-Zip:	ORLANDO FL 32839

Title	DR
Name	VALENTINE, CHRISTINE
Address	6630 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32810

Title	PAST
Name	CASTRY, JOSEPH
Address	2826 HEARTHSTONE WAY
City-State-Zip:	ORLAN, FL 32839

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: JOSEPH CASTRY**PASTOR****03/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date