

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011244

**Entity Name:** EGLISE PENTECOTISTE PRIMITIVE HAITIENNE D'ORLANDO, INC.

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC2290511409**

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

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

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

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

PASTEUR

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date