

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

DOCUMENT# N06000003380

**Entity Name:** MISSION EVANGELIQUE INTERNATIONALE DES FRERES-UNIS, INC

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC0505534616**

**Current Principal Place of Business:**

4576 NW 45 PLACE  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

P.O. BOX 590906  
FORT LAUDERDALE, FL 33359

**FEI Number: 20-4729751**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JEANJACQUES, MAXO  
4576 NW 41 PLACE  
LAUDERDALE LAKES, FL 33319 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 PD  
Name HYACINTHE, JEAN DAVID PASTOR  
Address 6820 SW 8TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VD  
Name JEANJACQUES, MAXO PASTOR  
Address 4576 NW 41 PLACE  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title ADVISOR  
Name LEMY, JONEL  
Address 2701 W OAKLAND PARK BLVD  
240  
City-State-Zip: FORT LAUDERDALE FL 33311

*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: MAXO JEANJACQUES

PASTOR

04/24/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date