

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008680

Entity Name: EGLISE EVANGELIQUE SHECANIA, INC.

Current Principal Place of Business:

1505 SPRING HARBOR DR
B
DELRAY BEACH, FL 33445

Current Mailing Address:

1505 SPRING HARBOR DR
B
DELRAY BEACH, FL 33445 US

FEI Number: 56-2604714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DERILUS, OSIAS
12157 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436 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 D, PASTOR
Name OSTAGNE, JEAN-HARRY C
Address 1505 SPRING HARBOR APT. B
City-State-Zip: DELRAY BEACH FL 33445

Title MEMBRE
Name FRANCOIS, MARGARETTE O
Address 1505 SPRING HARBOR APT. B
City-State-Zip: DELRAY BEACH FL 33445

Title TREASUR
Name EDOUARZIN , EDELYNE SR.
Address 6335 PINESTEAT DR
City-State-Zip: LAKE WORTH FL 33463

Title CO-TRUSTEE
Name PIERRE, ROSALIENNE
Address 1610 1ST CT
City-State-Zip: BOYTON BEACH FL 33435

Title CEO
Name TELFORT, SADRACK SR.
Address 2301 S. BROUTHOON CIRCLE
City-State-Zip: BOYTON BEACH FL 33426

Title TREASURER
Name FRANCOIS, MATHE
Address 246 SW STARFISH AVE
City-State-Zip: PORT ST. LUCIE FL 33984

Title DS, CEO
Name JOANE, PREVOIT
Address 5016 NW 5TH STREE
City-State-Zip: DELRAY BEACH FL 33445

Title DEACON
Name POINTIN, BENOIT SR.
Address 66 VAENCIA C
City-State-Zip: DELRAY BEACH FL 33446

Continues on page 2

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: EDELYNE EDOUARZIN

DIRECTOR

02/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ELDER
Name GINA, JOSEPH SR.
Address 817 SW COURT BEACH
City-State-Zip: DELRAY BEACH FL 33445

Title DEACON
Name MICHEL, JEAN
Address 126 ANGLER DR
City-State-Zip: DELRAY BEACH FL 33445

Title ELDER
Name VAVAL, FRANCOISE
Address 1505 SPRING HARBOR DR
B
City-State-Zip: DELRAY BEACH FL 33445