

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009664

**FILED**  
**Apr 21, 2018**  
**Secretary of State**  
**CC1452232202**

**Entity Name:** PENIEL MISSIONARY INTERNATIONAL, INC.

**Current Principal Place of Business:**

5813 SW 47TH AVE  
A 103  
PORT SALERNO, FL 34957

**Current Mailing Address:**

PO BOX 853  
PORT SALERNO,, FL 34992 US

**FEI Number:** 20-8234247

**Certificate of Status Desired:** No

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

AUGUSTIN, NELLIE  
5833 SW 47TH AVE  
PORT SALERNO, FL 34957 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 AUGUSTIN, NELLIE  
Address PO BOX 853  
City-State-Zip: PORT SALERNO, FL 34992

Title VP  
Name MILIEN, SHEFACIA  
Address PO BOX 853  
City-State-Zip: PORT SALERNO, FL 34992

Title SD  
Name PETIT, MARIE MAUD  
Address PO BOX 853  
City-State-Zip: PORT SALERNO, FL 34992

Title D  
Name REMEDOR, ALBERICK  
Address PO BOX 853  
City-State-Zip: PORT SALERNO, FL 34992

*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:** NELLIE AUGUSTIN

PD

04/21/2018

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

\_\_\_\_\_  
Date