

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010689

Entity Name: LEVY MINISTRY INTERNATIONAL, INC.**Current Principal Place of Business:**318 BAKER DR.
WEST PALM BEACH, FL 33409**Current Mailing Address:**318 BAKER DR.
WEST PALM BEACH, FL 33409**FEI Number: 26-4697470****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LEVY, MILODER
318 BAKER DR.
WEST PALM BEACH, FL 33409 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	PRES
Name	LEVY, MILODER
Address	318 BAKER DR.
City-State-Zip:	WEST PALM BEACH FL 33409

Title	COORDONATOR
Name	BRUNY, JEAN
Address	4650 NORTH CONGRESS AVENUE 203
City-State-Zip:	WEST PALM BEACH FL 33407

Title	ASST. SECRETARY
Name	ORIOUS, ANGELIQUE
Address	5865 CARIBBEAN BLVD 601
City-State-Zip:	WEST PALM BEACH FL 33407

Title	COUNSELOR
Name	JEAN BAPTISTE, MARK
Address	2244 RIDGEWOOD CIRCLE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	VP
Name	ELIANCY, EMILE
Address	1854 SUWANEE
City-State-Zip:	WEST PAM BEACH FL 33409

Title	SECRETARY
Name	PANDOL, ECLIDE
Address	1055 SW PAAR DR
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TREASURER
Name	RONY, RENEL
Address	680 LUCERO DR
City-State-Zip:	PORT ST LUCIE FL 34983

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: MILODER LEVY**PRESIDENT****01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date