

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002459

Entity Name: L'EGLISE PRIMITIVE DE LA RENAISSANCE INC**Current Principal Place of Business:**150 W MICHIGAN ST
D
ORLANDO, FL 32806**Current Mailing Address:**P.O BOX 550217
ORLANDO, FL 32855 US**FEI Number: 80-0558044****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRUNACHE, ELSA
P.O BOX 550217
ORLANDO, FL 32855 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	P
Name	RIGAUDON, NICOLAS
Address	1057 S KIRKMAN RD APT 234
City-State-Zip:	ORLANDO FL 32839

Title	VP
Name	JEAN-JACQUES, REGINALD
Address	20010 CHIVE ST
City-State-Zip:	ORLANDO FL 32837

Title	SECR
Name	BRUNACHE, ELSA
Address	5334 LIMELIGHT CIRCLE #3
City-State-Zip:	ORLANDO FL 32839

Title	AS S
Name	DUMENE, EVELYNE
Address	5415 TIMBER CHASE CT
City-State-Zip:	ORLANDO FL 32811

Title	AS T
Name	NOVEMBRE, ODNY
Address	5316 POINT VISTA CIRCLE # 101
City-State-Zip:	ORLANDO FL 32839

Title	TREA
Name	LEGER, MARIE
Address	5415 TIMBER CHASE CT
City-State-Zip:	ORLANDO FL 32839

Title	COUNSELLOR
Name	CHARLEMAGNE, ABANET
Address	4928 CASON COVE DR 102
City-State-Zip:	ORLANDO FL 32811

Title	COUNSELLOR
Name	PINTHIERE, SOREL
Address	973 S KIRKMAN RD 60
City-State-Zip:	ORLANDO FL 32811

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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: NICOLAS RIGAUDON**PRESIDENT****03/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DELEGATE
Name LAPOINTE, FILDOR
Address 5309 ROSEGAY CT
City-State-Zip: ORLANDO FL 32811

Title COUNSELLOR
Name PINTHIERE, SOREL
Address 973 S KIRKMAN RD
60
City-State-Zip: ORLANDO FL 32811

Title COUNSELLOR
Name CHARLEMAGNE, ABANET
Address 4928 CASON COVE DR
102
City-State-Zip: ORLANDO FL 32811

Title DELEGATE
Name LAPOINTE, FILDOR
Address 5309 ROSEGAY CT
City-State-Zip: ORLANDO FL 32811