2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# N10000002947
Entity Name: EGLISE BAPTISTE CENTRE DE FORMATION CHRETIENNE, INC.

## Current Principal Place of Business:

4906 MELALEUCA LANE
LAKE WORTH, FL 33463
Current Mailing Address:
4906 MELALEUCA LANE
LAKE WORTH, FL 33463
FEI Number: 27-0601151
Certificate of Status Desired: No
Name and Address of Current Registered Agent:
MATHIAS, PAUL
4824 SPARTACUS DR.
LAKE WORTH, FL 33463 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 | PRESIDENT, PASTOR | Title | VP, ASST. TREASURER, DEACON |
| :--- | :--- | :--- | :--- |
| Name | MATHIAS, PAUL | Name | CESAIRE, JULES |
| Address | 4824 SPARTACUS DR. | Address | 940 HIBISCUS DR. |
| City-State-Zip: | LAKE WORTH FL 33463 | City-State-Zip: | ROYAL PALM BEACH FL 33411 |
| Title | SECRETARY | Title | T, DEACON |
| Name | PIERRE-VICTOR, DUDITH | Name | PIERRE, PIERRISMA |
| Address | 706 W. BLOXHAM STREET | Address | 5943 WESTFALL RD |
| City-State-Zip: | LANTANA FL 33462 | City-State-Zip: | LAKE WORTH FL 33463 |
| Title | ASST. SECRETARY, ASST. | Title | ASSISTANT SECRETARY |
| Name | TREASURER | FLEURIMON, JUPITER C | Address |

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: PAUL MATHIAS
PRESIDENT
04/09/2017
Electronic Signature of Signing Officer/Director Detail

