

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002947

**FILED**  
**Apr 17, 2021**  
**Secretary of State**  
**6130416613CC**

**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, ELDER
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	OFFICER	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	ASSISTANT TREASURER, OFFICER	Title	DEACONESS
Name	FAVORY, LUCKNER	Name	EDOUARD, SUZETTE
Address	3843 HEATHER DR. WEST	Address	4906 MELALEUCA LANE
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	SEVERE, SANDY	Name	SAINT-BONHEUR, RAYMONDE
Address	10373 WHITE PINTO CT	Address	5160 AURORA LAKE CIRCLE
City-State-Zip:	LAKE WORTH FL 33449	City-State-Zip:	LAKE WORTH FL 33463

**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:** PAUL MATHIAS

**PRESIDENT, PASTOR**

**04/17/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            CADET, GUILLET  
Address        105 SHOREVIEW DR  
City-State-Zip: LAKE WORTH FL 33463