

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010577

Entity Name: LA MAISON DU ROYAUME DES TEMOINS DE JESUS-CHRIST, INC.**FILED**
Jun 30, 2020
Secretary of State
6372185771CC**Current Principal Place of Business:**709 E. MONTROSE STREET
CLERMONT, FL 34711**Current Mailing Address:**208 SEVILLE DR
DAVENPORT, FL 33837 US**FEI Number: 46-1480691****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GALUMETTE, LEOPOLD
208 SEVILLE DR
DAVENPORT, FL 33837 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 VICE PRESIDENT. GOSPEL MINISTRY.
Name CLAIRCIOUS, ISLANDE VP.
Address 3296 WHITE BLOSSOM LANE
City-State-Zip: CLERMONT FL 34711

Title COO, CHURCH PASTOR.
Name DEROSE, JEAN VERNALD PASTOR,
MEN MINISTRY.
Address 231 HUNT STREET
City-State-Zip: CLERMONT FL 34711

Title CHURCH DIRECTOR.CFO.
Name CHERY, LAURETTE PASTOR,YOUTH
MINISTRY
Address 10641 VISTA DEL SOL CIRCLE
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT
Name GALUMETTE, LEOPOLD SR.PASTOR,
MUSIC MINISTRY
Address 208 SEVILLE DR
City-State-Zip: DAVENPORT FL 33837

Title EXECUTIVE SECRETARY
Name CLERIZIER, MILOUSE CHILDREN
MINISTRY.
Address 3296 WHITE BLOSSOM AVE
City-State-Zip: CLERMONT FL 34711

Title TREASURER, CONSEILLER.
Name CLERIZIER, MARIE S DORCAS
MINISTRY
Address 3296 WHITE BLOSSOM LANE
City-State-Zip: CLERMONT FL 34711

Title TRUSTEE, CHAIRMAN, CONSEILLER.
Name GALUMETTE, FOUFOUNE
Address 208 SEVILLE DR
City-State-Zip: DAVENPORT FL 33837

Title WOMEN & HEALTH MINISTRY.
Name MICHELINE, DEROSE
Address 231 HUNT ST
City-State-Zip: CLERMONT FL 34711

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: LEOPOLD GALUMETTE**PRESIDENT****06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date