

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008856

**Entity Name:** PROVIDENCE INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**445 CORTONA DR  
ORLANDO, FL 32828**Current Mailing Address:**427 N.MAGNOLIA AVE  
201  
ORLANDO, FL 32801 US**FEI Number:** 46-5107532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PROVIDENCE INTERNATIONAL MINISTRIES, INC  
445 CORTONA DR  
ORLANDO, FL 32828 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:** SERGE AMOS BONHOMME

02/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BONHOMME, SERGE AMOS PHD  
Address 445 CORTONA DR  
City-State-Zip: ORLANDO FL 32828

Title ADVISORY BOARD MEMBER  
Name TIRADO, SIRENAIKA PASTOR  
Address 7987 HARBOR BEND CIRCLE  
City-State-Zip: ORLANDO FL 32822

Title CORRESPONDING SECRETARY  
Name BAZIL-SAUREL, GUERLA  
Address 6520 METRO WEST BLVD  
718  
City-State-Zip: ORLANDO FL 32835

Title TRUSTEE  
Name BONI, OLIVIER OI DR.  
Address 7 CHIESNUT STREET  
City-State-Zip: NEW JERSEY NJ 07018

Title VP/TREASURER/CHIEF EXECUTIVE  
ADMINISTRATOR  
Name BONHOMME, LEDIA PROFESSOR  
Address 445 CORTONA DR  
City-State-Zip: ORLANDO FL 32828

Title OFFICER/DIRECTOR  
Name CELESTIN, ROSE-MARIE ANISE-  
DOYRIN PASTOR  
Address 322 CALLIOPE STREET  
City-State-Zip: OCOEE FL 34761

Title ADVISORY BOARD MEMBER  
Name THEODORE, NEHEMY PASTOR  
Address 60 MARION AVE  
City-State-Zip: PROVIDENCE RI 02906

Title ADVISORY BOARD MEMBER  
Name SETONDGI, GERARD GUMENOU  
BISHOP  
Address 120-54 SPRINGFIELD BLVD  
City-State-Zip: CAMBRIA HEIGHTS NY 11411

*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:** DR.SERGE A BONHOMME**PRESIDENT-FOUNDER**

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date