

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002418

Entity Name: EYE ON THE CHILDREN MINISTRIES INC**Current Principal Place of Business:**2080 SW MCALLISTER LN
PORT ST.LUCIE, FL 34953**Current Mailing Address:**2080 SW MCALLISTER LN
PORT ST.LUCIE, FL 34953 US**FEI Number:** 47-3913236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUTES, BERTHONY
2080 SW MCALLISTER LN
PORT ST.LUCIE, FL 34953 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:** BERTHONY DUTES

01/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	DUTES, BERTHONY
Address	2080 SW MCALLISTER LN
City-State-Zip:	PORT ST.LUCIE FL 34953

Title	VP
Name	LAURENT, BATCH-JUNIOR
Address	1332 SW HUNNICUT AVE
City-State-Zip:	PORT ST.LUCIE FL 34953

Title	ASST. TREASURER
Name	LAJEUNESSE, WEBSTER
Address	2080 SW MCALLISTER LN
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	AN
Name	LEVEILLE, BRENDON
Address	962 SW PAAR DR.
City-State-Zip:	PORT ST. LUCIE FL 36952

Title	P
Name	LAJEUNESSE, MARIE MAUDE
Address	2080 SW MCALLISTER LN
City-State-Zip:	PORT ST.LUCIE FL 34953

Title	B
Name	NOEL, JULDA
Address	532 SW DAIRY RD
City-State-Zip:	PORT ST LUCIE FL 34953

Title	BK
Name	PIERRE, CAROLE
Address	5683 KUMQUAT RD
City-State-Zip:	WEST PALM BEACH FL 33413

Title	AN
Name	JOISSAINT, ENIDE
Address	1332 SW HUNNICUT AVE
City-State-Zip:	PORT ST. LUCIE FL 34953

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: BERTHONY DUTES

CEO

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date