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.

PRESIDENT

SIGNATURE: JEAN RODY SANON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N16000005285

Entity Name: EGLISE TABERNACLE DE LA MANNE CACHEE INCORPORATED

Current Principal Place of Business:

5849 NW LEGHORN AVE PORT ST LUCIE, FL 34986

Current Mailing Address:

5849 NW LEGHORN AVE PORT ST LUICE, FL 34986 US

FEI Number: 81-2835531

Name and Address of Current Registered Agent:

SANON, JEAN R 5849 NW LEGHORN AVE PORT ST LUCIE, FL 34986 US FILED Apr 24, 2024 Secretary of State 2693428404CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	P	Title	VP
Name	SANON, JEAN RODY	Name	RICHARD, ONEL
Address	5849 NW LEGHORN AVE	Address	5849 NW LEGHORN AVE
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986
Title	SECRETARY	Title	TREASURER
Title Name	SECRETARY DAQUIN, MARIE	Title Name	TREASURER ARUS, SOIRILIA
Name	DAQUIN, MARIE 5849 NW LEGHORN AVE	Name	ARUS, SOIRILIA

04/24/2024 Date

Date