

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001935

Entity Name: EGLISE DE PAIX, INC**Current Principal Place of Business:**2515 N STATE RD 7
210
MARGATE, FL 33063**Current Mailing Address:**2515 N STATE RD 7
210
MARGATE, FL 33063 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESRAVINES, LUNEL
2515 N STATE RD 7
210
MARGATE, FL 33063 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	PASTOR
Name	DESRAVINES, LUNEL
Address	2515 N STATE RD 7 SUITE 210
City-State-Zip:	MARGATE FL 33063

Title	SECR
Name	VALCIMOND, NATACHA
Address	551 SW 63RD AVE
City-State-Zip:	MARGATE FL 33068

Title	TREA
Name	CHERELUS, CHARITABLE F
Address	904 MAGNOLIA AVE
City-State-Zip:	NORTH LAUDERALE FL 33068

Title	TRUS
Name	BRUTUS, SAUREL
Address	4990 SW 7TH STREET
City-State-Zip:	MARGATE FL 33068

Title	TRUS
Name	TANIS, MARIE-JOSEE
Address	3227 W BUENA VISTA DR
City-State-Zip:	MARGATE FL 33063

Title	TRUS
Name	SAINTLOUIS, FRITZNEL
Address	1620 NW 46TH AVE
City-State-Zip:	LAUDERHILL FL 33313

Title	ADMINISTRATOR
Name	DELUS, THEODORE
Address	2515 N STATE ROAD 7
City-State-Zip:	MARGATE FL 33063

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: LUNEL DESRAVINES**PASTOR****05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date