

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

DOCUMENT# N18000001443

**Entity Name:** THE TRUE CORNERSTONE CHURCH OF FORT PIERCE, INC.

**FILED**  
**Mar 08, 2019**  
**Secretary of State**  
**4031453407CC**

**Current Principal Place of Business:**

3215 DELAWARE AVE  
FORT PIERCE, FL 34947

**Current Mailing Address:**

3215 DELAWARE AVE  
FORT PIERCE, FL 34947 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAINTIL, KILLICK  
3215 DELAWARE AVE  
FORT PIERCE, FL 34947 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 P  
Name SAINTIL, KILLICK  
Address 3215 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34947

Title VP  
Name CASTOR, SIMON P  
Address 207 DIXIELAND DRIVE  
City-State-Zip: FORT PIERCE FL 34981

Title TREA  
Name SAINTIL, ROMENE  
Address 3215 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34947

Title SEC  
Name PIERRE, SHESLY  
Address 3215 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34947

*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:** SAINTIL,KILLICK

P

03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date