

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007916

**Entity Name:** MISSION EGLISE CHRETIENNE VALLEE DE BENEDICTION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**1745036992CC**

**Current Principal Place of Business:**

3212 NW 84TH AVE #126  
SUNRISE, FL 33351

**Current Mailing Address:**

3212 NW 84TH AVE #126  
SUNRISE, FL 33351 US

**FEI Number: 88-3352533**

**Certificate of Status Desired: No**

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

VINCENT, ERNST PIERRE  
3212 NW 84TH AVE #126  
SUNRISE, FL 33351 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 VINCENT, ERNST PIERRE  
Address 3212 NW 84TH AVE #126  
City-State-Zip: SUNRISE FL 33351

Title T  
Name DUVEREUS, KESNEL  
Address 301 N 66TH AVE  
City-State-Zip: HOLLYWOOD FL 33024

Title ATRE  
Name DESULMA, CLAUTILDE  
Address 11601 SW 2ND ST APT 201  
City-State-Zip: PEMBROKE PINES FL 33025

Title VP  
Name BAPTISTE, ISMAEL  
Address CALLE LAS FLORES BELLA COLINA SANTO  
City-State-Zip: SANTO DOMINGO DOMINCAN REPUBLIC 10902

Title 2VP  
Name PETIT-FRERE, WILFRID  
Address RUE ST MARTIN PROLONGEE RILE A INNOCENT #3  
City-State-Zip: PORT AU PRINCE HT 6110 MA 01880

Title S  
Name JOSEPH, ROLAND  
Address 68 PETERSON ST APT 2D  
City-State-Zip: WAKEFIELD MA 01880

Title ASEC  
Name PAUL-VINCENT, ROSITA  
Address 3212NW 84TH AVE #126  
City-State-Zip: SUNRISEOD FL 33351

Title VP  
Name BAPTISTE, ISMAEL  
Address CALLE LAS FLORES BELLA COLINA SANTO  
City-State-Zip: SANTO DOMINGO DOMINCAN OC

*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: ERNST PIERRE VINCENT**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date