

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002589

Entity Name: BRIDE OF CHRIST TABERNACLE, INC**Current Principal Place of Business:**202 NE 11TH AVENUE
BOYNTON BEACH, FL 33435**Current Mailing Address:**CLAUDE MAXIME
300 NW 22ND ST.
BOCA RATON, FL 33431**FEI Number:** 65-0328282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXIME, CLAUDE
300 NW 22ND ST.
BOCA RATON, FL 33431 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	DP
Name	MAXIME, CLAUDE
Address	300 NW 22TH STREET
City-State-Zip:	BOCA RATON FL 33431

Title	DVP
Name	JEAN, PASTOR LOUIS
Address	2045 ALCAPULCO DR.
City-State-Zip:	MIRAMAR FL 33023

Title	DT
Name	NERESTANT, ANONCE DT
Address	338 SW 5TH AVE
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DVP
Name	FRANCOIS, FENOL
Address	3449 SW SAN GIORGIO ST
City-State-Zip:	PORT ST LUCIE FL 34953

Title	S
Name	METELLUS, MARC AS
Address	1740 NW 113 TERRACE
City-State-Zip:	MIAMI FL 33167

Title	D
Name	PIERRE, VAINQUEUR D
Address	5370 SW 130TH AVENUE
City-State-Zip:	MIRAMAR FL 33027

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: ANONCE NERESTANT**TRUSTEE****01/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date