

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002817

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC8743744467**

**Entity Name:** OPEN EYE THEOLOGICAL TRAINING CENTER INC.

**Current Principal Place of Business:**

1389 FLATBUSH AVE.  
BROOKLYN, NY 11210

**Current Mailing Address:**

1389 FLATBUSH AVE.  
BROOKLYN, NY 11210

**FEI Number: 46-5522909**

**Certificate of Status Desired: No**

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

LOUIS, SANDRA JEAN  
21352 SW 112 AVE.  
APT 108  
CUTLERBAY, FL 33189 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	C/P	Title	D/T
Name	DAMIS, PIERRE	Name	SYLVESTRE SION, JEAN
Address	77 KENILWORTH PL.	Address	2452 BRAGG STREET
City-State-Zip:	BROOKLYN NY 11210	City-State-Zip:	BROOKLYN NY 11235
Title	D/VP	Title	S
Name	LOUIS, SANDRA JEAN	Name	ULYSSE, JOCELAINE
Address	21352 SW 112 AVE., APT 108	Address	21 CORTELYOU RD.
City-State-Zip:	CUTLERBAY FL 33189	City-State-Zip:	BROOKLYN NY 11226

*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: PIERRE DAMIS**

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date