

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708309

Entity Name: CHURCH OF SAINT BERNARD DE CLAIRVAUX, INC.**Current Principal Place of Business:**16711 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**16711 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160**FEI Number:** 59-1091991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANSFIELD, GREGORY REV DR.
16711 W DIXIE HWY
MIAMI, FL 33160 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 CEO
Name MANSFIELD, GREGORY
Address 2841 NE 163RD STREET
201
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title CLRK
Name JAMES, JOAN J
Address 18820 NORTHWEST 29TH PLACE
City-State-Zip: MIAMI GARDENS FL 33056

Title VP
Name GONZALES, CARMEN
Address 2929 POINT EAST DRIVE, A-209
City-State-Zip: AVENTURA FL 33160

Title DIRECTOR
Name INNOCENT, DELSEN
Address 3120 W HALLANDALE BEACH BLVD
528
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT
Name BURGESS, ROBERT L
Address 468 N.E. 100 STREET
City-State-Zip: MIAMI SHORES FL 33138

Title TRSR
Name BENEDICT, LLOYD
Address 1300 ST. CHARLES PLACE
#617
City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR
Name VEIZAGA, RAUL DIEGO
Address 20105 HIGHLAND LAKES BLVD
City-State-Zip: MIAMI FL 33179

Title DIRECTOR
Name ALLEN, LEONTYNE
Address 13716 NE 3RD CT
City-State-Zip: MIAMI FL 33161

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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: REV. GREGORY MANSFIELD

CEO/RECTOR

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name HARRIS, BARBARA
Address 2873 NW 91ST AVE
#101
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name DOWNS, NILDA
Address P.O. BOX 245592
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name BACON-GREEN, YOLANDA DR.
Address 2990 WESTWORTH
City-State-Zip: WESTON FL 33332

Title DIRECTOR
Name VEGUILLA, ORLANDO
Address 1835 E. HALLANDALE BEACH BLVD
#172
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name PETROSKE, NANCY
Address 1545 NE 174TH STREET
City-State-Zip: NORTH MIAMI BEACH FL 33162