

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004300

FILED
Aug 26, 2016
Secretary of State
CC1545233286

Entity Name: EGLISE DE DIEU RETOUR DE JESUS CHRIST, INC.

Current Principal Place of Business:

1924 WAKULLA WAY
ORLANDO, FL 32839

Current Mailing Address:

1924 WAKULLA WAY
ORLANDO, FL 32839 US

FEI Number: 59-3716233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOLCEY, LAFORTUNE BISHOP
1924 WAKULLA WAY
ORLANDO, FL 32839 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 VOLCEY, LAFORTUNE BISHOP
Address 2321 OBERLIN AVE
 APT. A
City-State-Zip: ORLANDO FL 32804

Title EVANGELIST
Name VOLCEY, CELISNA
Address 2321 OBERLIN AVE
 APT. A
City-State-Zip: ORLANDO FL 32804

Title PASTOR
Name PIERRE, BILLY
Address 1200 HOLDEN AVE
City-State-Zip: ORLANDO FL 32839

Title SECRETARY
Name NOEL, JESSICA
Address 5515 AXIOM AVE
City-State-Zip: ORLANDO FL 32839

Title PASTOR
Name DESSALIEN, ARTUS
Address 6203 CENTENNIAL DR
City-State-Zip: ORLANDO FL 32808

Title DEACON
Name FRANCOIS, WEINER
Address 5505 SET FIELD STREET
City-State-Zip: ORLANDO FL 32808

Title PASTOR
Name PETIT NOEL, JOEL
Address 721 VENETO DRIVE
 303
City-State-Zip: LAKE PARK FL 33403

Title PASTOR
Name CHARLES, JOCELYN
Address 750 ORANGE BLOSSOM TRAIL
 SUITE 200
City-State-Zip: ORLANDO FL

Continues on page 2

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: CELISNA VOLCEY

EVANGELIST

08/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PASTOR
Name FERDINAND, PAULFILS
Address P.O. BOX 550619
City-State-Zip: ORLANDO FL 32855