

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

DOCUMENT# N03000002063

**Entity Name:** MOUNT OLIVES CHURCH OF GOD WORLD MINISTRIES OF PALM BEACH COUNTY INC.

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**7518626942CC**

**Current Principal Place of Business:**

412 23RD STREET  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

207 S SEQUOIA DR  
WEST PALM BEACH, FL 33409 US

**FEI Number: 68-0543938**

**Certificate of Status Desired: No**

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

SOIRO, JEAN S  
412 23RD STREET  
WEST PALM BEACH, FL 33409 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 SOIRO, JEAN S  
Address 207 S. SEQUOIA DR  
City-State-Zip: WEST PALM BEACH FL 33309

Title SECRETARY  
Name PIERRE PAUL, JEAN COPINGE  
Address 412 23RD STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name PIERREVIL, EDNER  
Address 412 23RD STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title ASST. SECRETARY  
Name DENEUS, ROBERT  
Address 412 23RD STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER  
Name CHARLES, LIFAITE  
Address 207 S. SEQUOIA DR  
City-State-Zip: WEST PALM BEACH FL 33409

Title DEACONESS  
Name SOIRO, GEMIMA A  
Address 207 S. SEQUOIA DR  
City-State-Zip: WEST PALM BEACH FL 33409

*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: JEAN S SOIRO**

**PRESIDENT**

**03/28/2024**

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

\_\_\_\_\_  
Date