# 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

SIGNATURE: CHARLES, RAOUL

Electronic Signature of Signing Officer/Director Detail

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:

#### **Officer/Director Detail :**

Title	VP	Title	D
Name	CHARLES, MARIE ADELINE	Name	NOEL, PAULICOEUR
Address	4908 LABRADOR LANE	Address	2840 ST CLAIR CT.
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32818-3065
Title	Ρ		
Title Name	P CHARLES, RAOUL		
Name	CHARLES, RAOUL 4908 LABRADOR LANE		

### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300007721

Entity Name: EGLISE DE DIEU MAISON DE RECONFORT, INC.

#### **Current Principal Place of Business:**

5205 WEST COLONIAL DRIVE ORLANDO, FL 32808

#### **Current Mailing Address:**

4908 LABRADOR LANE ORLANDO, FL 32818

#### FEI Number: 56-2473451

## Name and Address of Current Registered Agent:

THORPES CONSULTING SYSTEMS INC 6327 PINEY GLEN LANE ORLANDO, FL 32819 US

Electronic Signature of Registered Agent

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. 04/27/2018

Ρ

Date

#### FILED Apr 27, 2018 Secretary of State CC6678334522

Certificate of Status Desired: No