

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

DOCUMENT# N03000008581

**Entity Name:** EGLISE HAITIENNE BETHANIE DE L'ALLIANCE, INC.

**Current Principal Place of Business:**

230 SW N WAKEFIELD CIRCLE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

230 SW N WAKEFIELD CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 56-2398450

**Certificate of Status Desired:** Yes

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

CHERUBIN, THELUSMA PASTOR  
2441 SW WEBSTER LANE  
PORT SAINT LUCIE, FL 34953 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:** CHERUBIN THELUSMA

01/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NORD, VERDIEU  
Address 3681 SW KASIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DEACON  
Name DESTILUS, ALUTES  
Address 230 SW N WAKEFIELD CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DEAC  
Name FONTUS, NELSON  
Address 605 SE BETH CT.  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title DEAC  
Name MONDESIR, PIERRE  
Address 737 SE KARRIGAN TER.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TRUSTEE  
Name DORISCA, JEAN K  
Address 1932 SE JOY HAVEN STREET  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** NELSON FONTUS

DEACON

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date