

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002459

Entity Name: L'EGLISE PRIMITIVE DE LA RENAISSANCE INC**Current Principal Place of Business:**150 W MICHIGAN ST
D
ORLANDO, FL 32806**Current Mailing Address:**P.O BOX 550217
ORLANDO, FL 32855 US**FEI Number:** 80-0558044**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRUNACHE, ELSA
P.O BOX 551442
ORLANDO, FL 32855 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	RIGAUDON, NICOLAS
Address	1057 S KIRKMAN RD APT 234
City-State-Zip:	ORLANDO FL 32839

Title	DEACON
Name	JEAN-JACQUES, REGINALD
Address	20010 CHIVE ST
City-State-Zip:	ORLANDO FL 32837

Title	ADMINISTRATOR
Name	BRUNACHE, ELSA
Address	P.O BOX 551442
City-State-Zip:	ORLANDO FL 32855

Title	TREA
Name	LEGER, MARIE
Address	5415 TIMBER CHASE CT
City-State-Zip:	ORLANDO FL 32839

Title	OFFICER
Name	EUGENE, RICHARDSON
Address	608 OAKFORD WAY, ORLANDO
City-State-Zip:	ORLANDO FL 32811

Title	PASTOR
Name	CHARLES, HERNICE
Address	7851 SAGEBRUSH PL
City-State-Zip:	ORLANDO FL 32822

Title	SECRETARY
Name	ALADIN, ELISNA
Address	5501 PGA BLVD
City-State-Zip:	ORLANDO FL 32809

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: ELSA BRUNACHE

ADMINISTRATOR

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date