2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002947

Entity Name: EGLISE BAPTISTE CENTRE DE FORMATION CHRETIENNE,

INC.

FILED
Jan 29, 2024
Secretary of State
0316273164CC

Current Principal Place of Business:

4906 MELALEUCA LANE LAKE WORTH, FL 33463

Current Mailing Address:

4906 MELALEUCA LANE LAKE WORTH, FL 33463

FEI Number: 27-0601151 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHIAS, PAUL 4824 SPARTACUS DR. LAKE WORTH, FL 33463 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 PRESIDENT, PASTOR Title VP, ASS	T. TREASURER, ELDER
---------------------------------------	---------------------

Name MATHIAS, PAUL Name CESAIRE, JULES
Address 4824 SPARTACUS DR. Address 940 HIBISCUS DR.

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: ROYAL PALM BEACH FL 33411

Title DEACON, TREASURER Title **OFFICER** Name PIERRE-VICTOR, DUDITH Name PIERRE, PIERRISMA Address 706 W. BLOXHAM STREET Address 5943 WESTFALL RD City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LANTANA FL 33462

Title ASSISTANT TREASURER, OFFICER Title DEACONESS

Name FAVORY, LUCKNER Name EDOUARDF, SUZETTE

Address 3843 HEATHER DR. WEST Address 2241 WHITE PINE CIRCLE

APT. B

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33415

Title SECRETARY Title ASSISTANT SECRETARY

NameSEVERE, SANDYNameSAINT-BONHEUR, RAYMONDEAddress10373 WHITE PINTO CTAddress5160 AURORA LAKE CIRCLE

City-State-Zip: LAKE WORTH FL 33449 City-State-Zip: LAKE WORTH FL 33463

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: MATHIAS, PAUL PRESIDENT, PASTOR

01/29/2024

Officer/Director Detail Continued:

Title OFFICER

Name CADET, GUILET

Address 105 SHOREVIEW DR

City-State-Zip: LAKE WORTH FL 33463