## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002947

Entity Name: EGLISE BAPTISTE CENTRE DE FORMATION CHRETIENNE,

INC.

#### **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:

Title

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2017

**Secretary of State** 

CC2337178586

#### Officer/Director Detail:

Title PRESIDENT, PASTOR Title VP, ASST. TREASURER, DEACON

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 T, DEACON Title **SECRETARY** 

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 SECRETARY ASST. SECRETARY, ASST. TREASURER

Name FAVORY, LUCKNER FLEURIMON, JUPITER C Name Address 3843 HEATHER DR. WEST

1403 WHARF LANE Address City-State-Zip: GREENACRES FL 33463

City-State-Zip: GREENACRES FL 33463

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: PAUL MATHIAS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/09/2017