| FEI Number: 27-2774371 Name and Address of Current Registered Agent: | | | Certificate of Status Desired: Yes | |
|--|--|-----------------|------------------------------------|------------|
| DIEUJUSTE, ESAIE J 551 NW 48TH AVE DELRAY BEACH, FL 33445 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 | ESAIE DIEUJUSTE | | | 03/20/2017 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PD | Title | STD | |
| Name | DIEUJUSTE, ESAIE J | Name | OLIVIER, MARIE | |
| Address | 551 NW 48TH AVE | Address | 5662 SHILLINGTON WAY | |
| City-State-Zip: | DELRAY BEACH FL 33445 | City-State-Zip: | LAKE WORTH FL 33463 | |
| Title | D | Title | D | |
| Name | PAUL, JEAN LOUIS | Name | ELISCA, WITNY | |
| Address | 5072 NW 5TH STREET | Address | 533 NW 50TH AVE | |
| City-State-Zip: | DELRAY BEACH FL 33445 | City-State-Zip: | DELRAY BEACH FL 33445 | |

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: ESAIE DIEUJUSTE

Electronic Signature of Signing Officer/Director Detail

PASTOR

03/20/2017

Mar 20, 2017 **Secretary of State** CC5313531253

FILED

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000007766

Entity Name: EGLISE BAPTISTE EVANGELIQUE DU SALUT, INC.

Current Principal Place of Business:

2411 NORTH FEDERAL HWY DELRAY BEACH. FL 33438

Current Mailing Address:

551 NW 48TH AVE DELRAY BEACH. FL 33445

FE

Na

Date