

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10147

**Entity Name:** EGLISE BAPTISTE D'EXPRESSION FRANCAISE, INC.

**Current Principal Place of Business:**

8255 NW 2 COURT  
MIAMI, FL 33150

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**1856769715CC**

**Current Mailing Address:**

P.O BOX 380014  
MIAMI, FL 33138 US

**FEI Number: 59-2644577**

**Certificate of Status Desired: No**

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

PATRICK JEAN-GILLES P.A.  
20900 NE 30TH AVENUE - STE. 800  
AVENTURA, FL 33180 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 MEM  
Name SERAPHIN, MARIE P  
Address 235 NE 175 STREET  
City-State-Zip: MIAMI FL 33162

Title P  
Name JEAN-GILLES, DESIR REV.  
Address 170 NW 121 ST.  
City-State-Zip: MIAMI FL 33168

Title VP  
Name ANTENOR, TCHLER  
Address 17609 SW 54TH STREET  
City-State-Zip: MIRAMAR FL 33029

Title S  
Name CHAMPAGNE, FLORE MS  
Address 21300 SAN SIMEON WAY P-8  
City-State-Zip: MIAMI FL 33179

Title M  
Name VALCIN, FRANKLIN DR.  
Address 20603 NW 11 AVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title T  
Name HERISSE, JOANE  
Address 965 NE 87 STREET  
City-State-Zip: MIAMI FL 33138

*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: REV. DESIR JEAN-GILLES**

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date