

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003074

**Entity Name:** PENTECOSTAL CHURCH OF GOD OF FORT PIERCE INC

**Current Principal Place of Business:**

311 NORTH 25TH STREET  
FORT PIERCE, FL 34950

**Current Mailing Address:**

1102 YORK AVENUE  
FORT PIERCE, FL 34982

**FEI Number:** 45-1495905

**Certificate of Status Desired:** No

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

MAURIL, OSMI  
1102 YORK AVENUE  
FORT PIERCE, FL 34982 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 MAURIL, OSMI  
Address 311 NORTH 25TH ST  
City-State-Zip: FORT PIERCE FL 34982

Title TREASURER  
Name DERINOR, NATHAN  
Address 1507 WYOMING AVE  
City-State-Zip: FORT PIERCE FL 34982

Title ADVISOR  
Name OSNE, ZENAS  
Address 1218 SOLTMAN AVENUE  
City-State-Zip: FORT PIERCE FL 34950

Title ADVISOR  
Name THOMAS, LOUIMAN  
Address 4 SENSENEY PATH  
City-State-Zip: PALM COAST FL 32164

Title ADVISOR  
Name EGLAUS, FABIENNE MERANE  
Address 6241 SW 3RD ST  
City-State-Zip: MARGATE FL 33068

Title SECRETARY  
Name ALEXIS, KESNER  
Address 598 SW SANSOM LANE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** OSMI MAURIL

P

01/27/2023

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

\_\_\_\_\_  
Date