

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003959

Entity Name: EGLISE DE DIEU PORTE DES CIEUX INCORPORATED

Current Principal Place of Business:

3800 INVERRARY BOULEVARD
111
LAUDERHILL, FL 33319

FILED
Apr 15, 2024
Secretary of State
4334361020CC

Current Mailing Address:

10737 NW 32ND PLACE
SUNRISE, FL 33351

FEI Number: 45-1917205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECOSSARD, GUY R
10737 NW 32ND PLACE
SUNRISE, FL 33351 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 | PASTOR | Title | PRESIDENT, ASST. SECRETARY |
| Name | DECOSSARD, GUY R | Name | DECOSSARD, MARIE M |
| Address | 10737 NW 32ND PLACE | Address | 10737 NW 32ND PLACE |
| City-State-Zip: | SUNRISE FL 33351 | City-State-Zip: | SUNRISE FL 33351 |
| | | | |
| Title | OTHER | Title | TREASURER |
| Name | FLEURIMOND, PAULETTE | Name | FOREST, EVENIEUSE |
| Address | 1830 NW 28TH AVE | Address | 7431 NW 37TH CT |
| City-State-Zip: | FORT LAUDERDALE FL 33311 | City-State-Zip: | LAUDERHILL FL 33319 |
| | | | |
| Title | ASST. SECRETARY | Title | ASST. TREASURER |
| Name | OCCEAN, MADELEINE | Name | ORIENTAL, NOLDA |
| Address | 3256 NW 84 AVE 515 | Address | 3800 INVERRARY BOULEVARD 111 |
| City-State-Zip: | SUNRISE FL 33351 | City-State-Zip: | LAUDERHILL FL 33319 |
| | | | |
| Title | SECRETARY | | |
| Name | DECOSSARD, ELISABETH | | |
| Address | 10737 NW 32ND PLACE | | |
| City-State-Zip: | SUNRISE FL 33351 | | |

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: MARIE DECOSSARD

PRESIDENT

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date