

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007548

**Entity Name:** PUISSANCE DE LA FOI, INC

**Current Principal Place of Business:**

822 HELENA DRIVE  
LAKE WORTH, FL 33460

**Current Mailing Address:**

822 HELENA DRIVE  
LAKE WORTH, FL 33460

**FEI Number: 45-4459075**

**Certificate of Status Desired: Yes**

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

JEAN-BAPTISTE, GABRIEL  
822 HELENA DRIVE  
LAKE WORTH, FL 33460 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 JEAN-BAPTISTE, GABRIEL  
Address 822 HELENA DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title SECRETARY  
Name LUBIN, MYRTHA  
Address 822 HELENA DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title TREASURER  
Name LUBIN, ALCENTIA  
Address 822 HELENA DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title ASST. TREASURER  
Name ALBERT, ISLODA  
Address 5797 AZALEA CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33415

Title ASST. SECRETARY  
Name DAMOUR, CLAIRCIA  
Address 1306 GEORGIA AVE.  
City-State-Zip: FT. PIERCE FL 34950

Title VP  
Name GUERRIER, LUCIEN  
Address 1199 OCEAN AVE.  
208  
City-State-Zip: BROOKLYN NY 11230

*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: LUBIN , ALCENTIA**

**TREASURER**

**04/30/2015**

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

\_\_\_\_\_  
Date