

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003564

**Entity Name:** NEW CALVARY EVANGELICAL CHURCH, INC**Current Principal Place of Business:**3601 W DAVIE BLVD  
FORTLAUDERDALE, FL 33312**Current Mailing Address:**P.O.BOX 121653  
FORTLAUDERDALE, FL 33312 US**FEI Number:** 46-3550140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHER-AIME, HENRI  
872 NW 81ST TERRACE  
PLANTATION, FL 33324 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	CHER-AIME, HENRI
Address	872 NW 81ST TERRACE
City-State-Zip:	PLANTATION FL 33324

Title	TREASURER
Name	CHERY, JEAN
Address	1980 NW 46TH AVE
City-State-Zip:	LAUDERHILL FL 33313

Title	ASST. PASTOR
Name	JOSE, PIERRE
Address	12405 NE 4TH AVE
City-State-Zip:	N. MIAMI FL 33161

Title	OFFICER
Name	ANOUS, ALCE
Address	2111 SW 42 AVE
City-State-Zip:	PLANTATION FL 33317

Title	ASST. SECRETARY
Name	LIAZARD, KERBY
Address	9430 NW 8TH CIRCLE
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	BOUQUETTE, EUSTACHE
Address	940 ALABAMA AVE
City-State-Zip:	FORTLAUDERDALE FL 33312

Title	DEACON
Name	FRANCOIS, WILNER
Address	8440 NE 28TH STREET
City-State-Zip:	SUNRISE FL 33322

Title	DEACONESS
Name	PIERRE, ANDIONNE
Address	12405 NE 4TH AVENUE
City-State-Zip:	NORTH MIAMI FL 33161

**Continues on page 2**

*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:** LIAZARD, KERBY**TREASURER****03/16/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name CHER-AIME, JUDE  
Address 872 NW 81ST TERRACE  
City-State-Zip: PLANTATION FL 33324

Title DEACON  
Name CELESTIN, SAMSON  
Address 5506 SW 7TH PLACE  
City-State-Zip: MARGATE FL 33068

Title DEACON  
Name SAINT-HILAIRE, AUGUSTIN  
Address P.O.BOX 121653  
City-State-Zip: FORTLAUDERDALE FL 33312

Title ASST. SECRETARY  
Name AUGUSTIN, AUDALBERT  
Address 9371 NW 37TH MANOR  
City-State-Zip: SUNRISE FL 33351