

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008856

**Entity Name:** PROVIDENCE INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**427 NORTH MAGNOLIA AVE  
SUITE #102  
ORLANDO, FL 32801**Current Mailing Address:**2325 DRYBURGH COURT  
ORLANDO, FL 32828 US**FEI Number:** 46-5107532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PROVIDENCE INTERNATIONAL MINISTRIES, INC  
2325 DRYBURGH COURT  
ORLANDO, FL 32828 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:** SERGE AMOS BONHOMME

03/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT/DIRECTOR  
Name BONHOMME, SERGE AMOS PHD  
Address 2325 DRYBURGH COURT  
City-State-Zip: ORLANDO FL 32828

Title CHIEF EXECUTIVE ADMINISTRATOR  
Name BONHOMME, LEDIA DR.  
Address 2325 DRYBURGH COURT  
City-State-Zip: ORLANDO FL 32828

Title EXECUTIVE SECRETARY  
Name BAZIL, GUERLA SAUREL  
Address 6520 METRO WEST BLVD  
City-State-Zip: ORLANDO FL 32835

Title ADVISORY BOARD MEMBER  
Name ROBERT, FISHER  
Address 5352 HILLS & DALES RD  
City-State-Zip: CANTON OH 44708

Title COORDINATOR FOR HAITI AND DOMINICAN REPUBLIC  
Name ROYER, LUDNER BAPTISTE  
Address 427 N. MAGNOLIA AVE.  
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE TREASURER  
Name GHODLSTON, DIANNE  
Address 6611 LAKE MILL TRACE  
City-State-Zip: STONECREST GA 30038

Title ADVISORY BOARD MEMBER  
Name JEAN, NANCY  
Address 1374 VICKERS LAKE DRIVE  
City-State-Zip: ORLANDO FL 34761

Title ADVISORY BOARD MEMBER  
Name EMONY, NADINE  
Address 2784 RUE DES ABEILLES  
City-State-Zip: LAVAL QUEBEC H70KA8

**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:** DR.SERGE-AMOS BONHOMME

PRESIDENT/DIRECTOR

03/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASSISTANT SECRETARY
Name	HUBERT, ELIE
Address	1319 PLUM GRASS CIRCLE
City-State-Zip:	OCOEE FL 34761