

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007960

**Entity Name:** EGLISE DE DIEU MINISTERE DE DELIVRANCE, INC.

**Current Principal Place of Business:**

4517 ALIRX DR.  
ORLANDO, FL 32839

**Current Mailing Address:**

4517 ALIRX DR.  
ORLANDO, FL 32839

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CINEAS, JEAN ADORON PASTOR  
4517 ALIRX DRIVE  
ORLANDO, FL 32839 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 PD  
Name CINEAS, JEAN ADORON PASTOR  
Address 4517 ALIRX DRIVE  
City-State-Zip: ORLANDO FL 32839

Title VD  
Name JEAN LOUIS, MARIE MAUD  
Address 4517 ALIRX DRIVE  
City-State-Zip: ORLANDO FL 32839

Title SD  
Name JEAN LOUIS, FINA  
Address 4517 ALIRX DRIVE  
City-State-Zip: ORLANDO FL 32839

Title T  
Name JEAN LOUIS, ERISEMENE  
Address 4517 ALIRX DRIVE  
City-State-Zip: ORLANDO FL 32839

*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: CINEAS JEAN ADORON**

**EGLISE DE DIEU  
MINISTERE DE  
DELIVRANCE**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date