

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010950

**Entity Name:** EGLISE CHRETIENNE DE LA PORTE ETROITE INC.**Current Principal Place of Business:**2964 S JOG ROAD  
GREENACRES, FL 33467**Current Mailing Address:**2964 S JOG ROAD  
GREENACRES, FL 33467**FEI Number: 81-4432716****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE, WILLY  
6252 WILLOUGHBY CIR  
LAKEWORTH, FL 33463 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	PIERRE, WILLY
Address	6252 WILLOUGHBY CIR
City-State-Zip:	LAKEWORTH FL 33463

Title	S
Name	LAROSE, WESLY
Address	306 E GATEWAY BLVD
City-State-Zip:	BOYNTON BEACH FL 33435

Title	O
Name	BRICEAU, JEAN ILRICK
Address	2313 WEST DRIVE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	VP
Name	CAMILLE, RODRIGUE
Address	5726 LINCOLN CIRCLE EAST
City-State-Zip:	LAKEWORTH FL 33463

Title	T
Name	PIERRE, WILTHER
Address	7206 PINE BLUFF DRIVE
City-State-Zip:	LAKEWORTH FL 33467

Title	O
Name	MANASSE, LYNDIA
Address	6728 VERSAILLES CT
City-State-Zip:	LAKEWORTH FL 33467

*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: RODRIGUE CAMILLE****VP****04/26/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date