

2024 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:**DORT, JOEL
5080 MARCIA PL
WEST PALM BEACH, FL 33407 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: JOEL DORT****04/04/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name PIERRE , WILLY
Address 415 S 12 ST
City-State-Zip: LANTANA FL 33462

Title SECRETARY
Name MILLIEN, REMY
Address 4638 PERTH RD
City-State-Zip: WEST PALM BEACH FL 33415

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

Title DEACONESS
Name LIMA, EDNA
Address 5950 TRIPHAMMER RD
City-State-Zip: LAKE WORTH FL 33463

Title OFFICER
Name EXY, EDNA
Address 1174 E MOUNTAIN DR
City-State-Zip: WEST PALM BEACH FL 33406

Title COO
Name LOUIDORT, KESHNER
Address 4859 CONCORDIA LN
City-State-Zip: BOYNTON BEACH FL 33436

Title CFO
Name DORT, JOEL
Address 5080 MARCIA DR
City-State-Zip: WEST PALM BEACH FL 33407

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: DORT , JOEL**CFO****04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date