

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003839

**FILED**  
**Mar 21, 2020**  
**Secretary of State**  
**2331146669CC**

**Entity Name:** EGLISE BAPTISTE MISSIONAIRE DE LA PAROLE VIVANTE INC

**Current Principal Place of Business:**

1822 REID ST  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1822 REID ST  
LEHIGH ACRES, FL 33936

**FEI Number: 82-1181130**

**Certificate of Status Desired: No**

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

ELUSME, ELICIEN  
1822 REID ST  
LEHIGH ACRES, FL 33936 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 D P  
Name ELUSME, ELICIEN  
Address 1822 REID ST  
City-State-Zip: LEHIGH ACRES, FL FL 33936

Title S  
Name MARCEAU, ROSE MIQUETTE  
Address 1822 REID ST  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name LAGUERRE, HELMY  
Address 207 E 13TH ST  
City-State-Zip: LEHIGH ACRES FL 33972

Title T  
Name THEVENIN, PETER  
Address 3704 BROADWAY APT 319  
City-State-Zip: FORT MYERS FL 33901

Title D  
Name JEAN, JUNIOR  
Address 1803 23RD ROAD ST  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name BERNARD, JEANNE  
Address 232 OAKMONT PKWY  
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR  
Name TELUSMA, EDWICH MASSILLON  
Address 2604 65TH STREET WEST  
City-State-Zip: LEHIGH ACRES FL 33971

*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: ELICIEN ELUSME**

**REGISTERED AGENT**

**03/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date