

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005547

**Entity Name:** EGLISE EVANGELIQUE DES PELERINS, CHEMIN DE GOLGOTHA, INC.

**FILED**  
**Mar 24, 2018**  
**Secretary of State**  
**CC7210303620**

**Current Principal Place of Business:**

2102 K-VILLE AVE.  
AUBURNDALE, FL 33823

**Current Mailing Address:**

2102 K-VILLE AVE.  
AUBURNDALE, FL 33823 US

**FEI Number: 82-1099402**

**Certificate of Status Desired: Yes**

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

AGENOR, ILIABERT  
4606 GREAT BLUE HERON DR.  
LAKELAND, FL 33812 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/P  
Name AGENOR, ILIABERT  
Address 4606 GREAT BLUE HERON DR.  
City-State-Zip: LAKELAND FL 33812

Title T/D  
Name LOUIS, JOHNY  
Address 3655 QUEENS COVE BLVD.  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name AGENOR, ERCILIA  
Address 4606 GREAT BLUE HERON DR.  
City-State-Zip: LAKELAND FL 33812

Title S/D  
Name AGENOR, LUCCENE  
Address 4606 GREAT BLUE HERON DR.  
City-State-Zip: LAKELAND FL 33812

Title D  
Name AGENOR, ARISNER  
Address 4007 VISTA DEL LAGO DR.  
City-State-Zip: WINTER HAVEN FL 33881

*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: ILIABERT AGENOR**

**DIRECTOR**

**03/24/2018**

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

\_\_\_\_\_  
Date