

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005999

**Entity Name:** CONFERENCE DES EGLISES DU TABERNACLE  
INTERNATIONAL, INC.**Current Principal Place of Business:**5122 JEWELFLOWER RD.  
CHARLOTTE, NC 28227**Current Mailing Address:**PO BOX 732  
HAINES CITY, FL 33845 US**FEI Number: APPLIED FOR****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EMMANUEL, JASMINE  
418 BARLYN AVE  
HAINES CITY , FL 33844 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:** JASMINE EMMANUEL

04/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRES                 |
| Name            | SAINT-CYR, JUDE      |
| Address         | 5122 JEWELFLOWER RD. |
| City-State-Zip: | CHARLOTTE NC 28227   |

|                 |                       |
|-----------------|-----------------------|
| Title           | SEC                   |
| Name            | ARNAUD, ADELINE       |
| Address         | 1010 TIGER EYES AVE.  |
| City-State-Zip: | INDIAN TRAIL NC 28079 |

|                 |                      |
|-----------------|----------------------|
| Title           | ADV                  |
| Name            | EMMANUEL, JASMINE    |
| Address         | 418 BARLYN AVE.      |
| City-State-Zip: | HAINES CITY FL 33844 |

|                 |                         |
|-----------------|-------------------------|
| Title           | ADV                     |
| Name            | SAINT-CYR, MARCELANDE A |
| Address         | 5122 JEWELFLOWER        |
| City-State-Zip: | CHARLOTTE NC 28227      |

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:** JASMINE EMMANUEL

ADV

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date