

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007679

Entity Name: TABERNACLE DE LA FOI ET CENTRE D'ADORATION,INC**Current Principal Place of Business:**526 CARLSBAD DR
KISSIMMEE, FL 34758**Current Mailing Address:**526 CARLSBAD DR
KISSIMMEE, FL 34758**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ITACY, SHILLER
526 CARLSBAD DR
KISSIMMEE, FL 34758 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 ITACY, SHILLER
Address 526 CARLSBAD DR.
City-State-Zip: KISSIMMEE FL 34758

Title PASTOR
Name CLERVEAUX, GARDY
Address 3516 CONCORDIA CT
City-State-Zip: LAKELAND FL 33810

Title TREASURER
Name MORVAN, NADIA
Address 2213 ALLSPICE AVE
City-State-Zip: ORLANDO FL 32837

Title ASST. SECRETARY
Name VOLNY, SODJINA
Address 2602 CORSINI LN
City-State-Zip: KISSIMMEE FL 34746

Title VP
Name MORVAN, TILIONERE
Address 2213 ALLSPICE AVE
City-State-Zip: ORLANDO FL 32837

Title ASST. TREASURER
Name AUGUSTIN, JACQUILINE
Address 2602 CORSINI LN
City-State-Zip: KISSIMMEE FL 34746

Title SECRETARY
Name EDOUARD, ENIDE V
Address 4924 DONOVAN ST
City-State-Zip: ORLANDO FL 32808

Title OTHER, FIRST LADY
Name ITACY, KETIA
Address 526 CARLSBAD DR
City-State-Zip: KISSIMMEE FL 34758

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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: SHILLER ITACY**PRESIDENT****04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER, ELISE DESROSIERS, MENARD
 MARCELLUS

Name TABERNACLE DE LA FOI & CENTRE
 D'ADORATION DE MULBERRY FLORIDA

Address 526 CARLSBAD DR

City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR

Name MORVAN, PIERRE LOUIS

Address #178, BON REPOS RTE NLE #1
 IMPASSE JEAN PIERRE

City-State-Zip: BON REPOS PORT AU PRINCE