2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2025
Secretary of State
5164211588CC

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Entity Name: TABERNACLE DE LA FOI ET CENTRE D'ADORATION,INC

Current Principal Place of Business:

205 W OAKRIDGE ROAD
ORLANDO, FL 32809

Current Mailing Address:

205 W OAKRIDGE ROAD
ORLANDO, FL 32809 US

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	ASST. TREASURER
Name	ALEUS, YVENANTE
Address	2119 IPSDEN DR
City-State-Zip:	ORLANDO FL 32837

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

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

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

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

Title	SECRETARY
Name	NICOLAS, NATHACHA
Address	3948 GARDEN PLAZA WAY 4925
City-State-Zip:	ORLANDO FL 32837

Title	OTHER, ELISE DESROSIERS, MENARD MARCELLUS, PASTOR, GARDY CLERVEAUX
Name	TABERNACLE DE LA FOI & CENTRE D'ADORATION DE MULBERRY FLORIDA
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 04/26/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORVAN, PIERRE LOUIS
Address	#178, BON REPOS RTE NLE #1 IMPASSE JEAN PIERRE
City-State-Zip:	BON REPOS PORT AU PRINCE