2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2024
Secretary of State
5227684111CC

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

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

Continues on page 2

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 09/30/2024

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