

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000006105

Entity Name: TABERNACLE DE LOUANGE DE MIAMI, INC.

Current Principal Place of Business:

245-247 N. FLAGLER AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

245-247 N. FLAGLER AVE.
HOMESTEAD, FL 33030 US

FEI Number: 88-1317044

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAZELAIS, JOHANNES REV DR
245-247 N. FLAGLER AVE.
HOMESTEAD, FL 33030 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 PRESIDENT, PRINCIPAL PASTOR
Name BAZELAIS, JOHANNES REV DR
Address 245-247 N. FLAGLER AVE.
City-State-Zip: HOMESTEAD FL 33030

Title VICE PRESIDENT
Name BAZELAIS, NELISE D
Address 13806 S W 275 ST.
City-State-Zip: HOMESTEAD FL 33032

Title ASST. PASTOR
Name AUBIN, PERETTE REV
Address 245-247 N. FLAGLER AVE.
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY
Name BAZELAIS, VANDRIESSHA
Address 13806 SW 275 ST.
City-State-Zip: HOMESTEAD FL 33030

Title ADVISOR/DEACONESS
Name JOSEPH, BERLADE
Address 245-247 N. FLAGLER AVE.
City-State-Zip: HOMESTEAD FL 33030

Title DEACON
Name CENATUS, SELAIRE
Address 601 S. FLAGLER AVE.
City-State-Zip: HOMESTEAD FL 33032

Title ADVISOR
Name MERILIEN, EMILIENNE
Address 30517 SW 187TH PL.
City-State-Zip: HOMESTEAD FL 33032

Title ADVISOR/DEACON
Name LOUIS, JOSEPH
Address 245-247 N. FLAGLER AVE.
City-State-Zip: HOMESTEAD FL 33030

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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: BAZELAIS JOHANNES

**PRESIDENT, PRINCIPAL 04/25/2025
PASTOR REV DR**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	LOUIS, DALAMAS
Address	800 NE 12TH AVE APT. I-239
City-State-Zip:	HOMESTEAD FL 33030