

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003801

**Entity Name:** EGLISE EVANGELIQUE DES PELERINS, INC.

**Current Principal Place of Business:**

1293 N.W. 119 ST  
N MIAMI, FL 33167

**Current Mailing Address:**

P.O. BOX 680507  
MIAMI, FL 33168

**FEI Number: 65-0537279**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PASTEURIN, JAMES NREV  
401 NW 152 ST.  
BISCAYNE GARDENS, FL 33169 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 DPT  
Name PASTEURIN, JAMES N  
Address 401 NW 152ND STREET  
City-State-Zip: BISCAYNE GARDENS FL 33169

Title DVS  
Name PASTEURIN, MARIE N  
Address 401 NW 152 ST.  
City-State-Zip: BISCAYNE GARDENS FL 33169

Title T  
Name PIERRE, FRED  
Address 1050 N.E. 158 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AVS  
Name BREVIL, CHRISTELA  
Address 2920 SERDENBERRY AVE  
City-State-Zip: KEY WEST FL 33040

Title M  
Name JEAN, LENIQUE J  
Address 1520 NW 131ST STREET  
City-State-Zip: MIAMI FL 33167

Title D  
Name PASTEURIN, JAMES N  
Address 401 NW 152ND STREET  
City-State-Zip: MIAMI, FL 33169

*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: JAMES PASTEURIN**

**DIRECTOR**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date