## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004442

Entity Name: MISSION EVANGELIQUE DU CHRISTIANISME, INC.

**FILED** May 13, 2021 Secretary of State 6989206369CC

Date

## **Current Principal Place of Business:**

535 NW 54TH STREET MIAMI, FL 33127

## **Current Mailing Address:**

3990 INVERRARY DRIVE LAUDERHILL. FL 33319 US

FEI Number: 65-0717889 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JOSEPH, KERSAINT 3990 INVERRARY DRIVE LAUDERHILL, FL 33319 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: JOSEPH KERSAINT 05/13/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, BOARD OF DIRECTOR Title CEO OF BOARD OF DIRECTORS JOSEPH, KERSAINT VALERY, JUDE, REV. PASTOR Name Name

Address 535 NW 54TH STREET Address 535 NW 54TH STREET

MIAMI FL 33127 MIAMI FL 33127 City-State-Zip: City-State-Zip:

VICE PRESIDENT, BOARD OF Title Title TREASURER, BOARD OF DIRECTOR

**DIRECTOR** FELISAINT, DELICE Name

Name ST.FELIX. EDNY Address 535 NW 54TH STREET

535 NW 54TH STREET Address

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 33127

Title VICE PRESIDENT, BOARD OF

535 NW 54TH STREET

DIRECTOR

Address

Name **ETIENNE** . EROINO, REV. TOUZE, REV., WILFRID PASTOR Name

Title

**BOARD OF DIRECTOR** 

PASTOR

535 NW 54TH STREET Address

City-State-Zip: MIAMI FL 33127 MIAMI FL 33127 City-State-Zip:

SECRETARY, BOARD OF DIRECTOR Title Title **BOARD OF DIRECTOR** 

Name FLEURIMOND, RAMICOIS Name FELISSAINT, REV., ESNICK PASTOR

535 NW 54TH STREET Address

Address 535 NW 54TH STREET City-State-Zip: MIAMI FL 33127 MIAMI FL 33127 City-State-Zip:

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.

05/13/2021 SIGNATURE: JOSEPH, KERSAINT **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date