2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004442

Entity Name: MISSION EVANGELIQUE DU CHRISTIANISME, INC.

FILED Apr 26, 2019 Secretary of State 8344103895CR

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 04/26/2019

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

Title PRESIDENT, BOARD OF DIRECTOR Title CEO OF BOARD OF DIRECTORS

Name JOSEPH, KERSAINT Name VALERY, JUDE, REV. PASTOR

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

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

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

DIRECTOR

Name FELISAINT, DELICE Name ST.FELIX, FANDOR

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

City-State-Zip: MIAMI FL 33127

City-State-Zip: MIAMI FL 33127

Title VICE PRESIDENT, BOARD OF

DIRECTOR

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

Title

PASTOR

BOARD OF DIRECTOR

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

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

Title SECRETARY, BOARD OF DIRECTOR Title BOARD OF DIRECTOR

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

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

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

Electronic Signature of Signing Officer/Director Detail

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: JOSEPH, KERSAINT PRESIDENT 04/26/2019