

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005010

**FILED**  
**Sep 21, 2023**  
**Secretary of State**  
**1508619426CC**

**Entity Name:** EGLISE EVANGELIQUE DE LA PAIX, INC.

**Current Principal Place of Business:**

4103 N STATE RD7  
4  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

P.O. BOX 101595  
FORT LAUDERDAE, FL 33310 US

**FEI Number: 31-1641309**

**Certificate of Status Desired: No**

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

JOSEPH, ELYSEE PASTOR  
4211 NW 41ST STREET  
104  
LAUDERDALE LAKES, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            ELYSEE, JOSEPH  
Address        4211 NW 41 STREET  
                  APT 104  
City-State-Zip: LAUDERDALE LAKES FL 33309

Title            DIRECTOR  
Name            SALVANT, ERNEST  
Address        P.O. BOX 101595  
City-State-Zip: FORT LAUDRDAE FL 33310

Title            CHAIRMAN  
Name            SIMON, LOUDRIGE  
Address        6001 NORTH FALL CIRCLE DR  
                  107  
City-State-Zip: LAUDERHILL FL 33319

Title            OFFICER  
Name            JOSEPH, YOLETTE  
Address        4211 NW 41 STREET  
                  APT 104  
City-State-Zip: LAUDERDALE LAKES FL 33341

Title            SECRETARY  
Name            YOLEDYNE JOSEPH  
Address        PO BOX 101595  
City-State-Zip: FORT LAUDERDALE FL

Title            TREASURER  
Name            MYRLANDE, BAKER  
Address        PO BOX 101595  
City-State-Zip: FORT LAUDERDALE FL 33319

Title            OTHER  
Name            BRIANA, FRANCOIS  
Address        PO BOX 101595  
City-State-Zip: FORT LAUDERDALE FL 33319

Title            OTHER  
Name            MAGDA , JOSEPH  
Address        PO BOX 101595  
City-State-Zip: FORT LAUDERDALE FL 33319

**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: LOUDRIGE SIMON**

**CHAIRMAN**

**09/21/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER  
Name VIANNY, MARTINEZ  
Address PO BOX 101595  
City-State-Zip: FORT LAUDERDALE FL 33319