

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003164

Entity Name: EVANGELICAL CHURCH OF RECONCILIATION INC.**Current Principal Place of Business:**495 NW 191 ST
2ND FLOOR
MIAMI, FL 33169**Current Mailing Address:**495 NW 191 ST
2ND FLOOR
MIAMI, FL 33169**FEI Number:** 01-0675850**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BELHOMME, VITER-LOUIS P
14555 NE 6TH AVE
APT.#208
N. MIAMI, FL 33161 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 SDIR
Name GENOIS, BARTHELEMY JE SDR
Address 7400 STERLING RD
APT. # 132
City-State-Zip: HOLLYWOOD FL 33024

Title T
Name PHAURESTAL, JACQUELINE T
Address 18940 NW 27TH AVE
APT. # 204
City-State-Zip: MIAMI GARDENS FL 33056

Title ST
Name JOSEPH, DINNETTE
Address 13100 NE 7TH AVE # 202
City-State-Zip: N.MIAMI FL 33161

Title VP
Name BELHOMME, CARLINE
Address 14555 NE 6TH AVE #208
City-State-Zip: MIAMI FL 33161

Title YM
Name JEUDY, JOHANNE
Address 14175 NE 6 AVE #16
City-State-Zip: MIAMI FL 33161

Title WMD
Name SIMPLICE, CHRISTIANA DR.
Address 650 NE 149 TH ST
APT. # 420
City-State-Zip: N.MIAMI FL 33161

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: BELHOMME,CARLINE

VP

05/08/2013

Electronic Signature of Signing Officer/Director Detail

Date