

**2016 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:** No**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	BELHOMME, PHANUEL SDR
Address	14555 NE 6TH AVE APT. # 208
City-State-Zip:	NORTH MIAMI FL 33161

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, PHANUEL**REGISTER AGENT****04/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date