

**2021 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  
4901 SW 23RD STREET  
WEST PARK, FL 33023 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, ISAAC CARTER SDR  
Address 4901 SW 23RD STREET  
2ND FLOOR  
City-State-Zip: WEST PARK FL 33023

Title ST  
Name GENOIS, JEAN BATHELMY  
Address 6205 HAYES STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title YM  
Name DINETTE, JOSEPH  
Address 13100 NE 7TH AVE  
202  
City-State-Zip: MIAMI FL 33161

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

Title VP  
Name BELHOMME, CARLINE  
Address 4901 SW 23RD STREET  
City-State-Zip: WEST PARK FL 33023

Title WMD  
Name CLERGER, MARIE CARMELLE DR.  
Address 6205 HAYES STREET  
City-State-Zip: HOLLYWOOD FL 33024

*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:** CARLINE BELHOMME

VP

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date