

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007366

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**0458397408CC**

**Entity Name:** ALLELUIA TRIBE FOUNDATION INC.

**Current Principal Place of Business:**

5767 LINCOLN CIRCLE EAST  
LAKEWORTH, FL 33463

**Current Mailing Address:**

5767 LINCOLN CIRCLE EAST  
LAKEWORTH, FL 33463 UN

**FEI Number:** 82-2519435

**Certificate of Status Desired:** No

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

MARC, OGIDE  
5767 LINCOLN CIRCLE EAST  
WEST PALM BEACH, FL 33463 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            PRESIDENT, TRUSTEE  
Name            DAPHNIS-MARC, BARBARA E  
Address        5767 LINCOLN CIRCLE EAST  
City-State-Zip: LAKEWORTH FL 33463

Title            VP  
Name            ALEXIS, STEPHANIE  
Address        5767 LINCOLN CIRCLE EAST  
City-State-Zip: LAKEWORTH FL 33463

Title            SECRETARY  
Name            MOISE, CATHERINE  
Address        5767 LINCOLN CIRCLE EAST  
City-State-Zip: LAKEWORTH FL 33463

Title            ADVISOR  
Name            JULIEN, ROSEANNE  
Address        5767 LINCOLN CIRCLE EAST  
City-State-Zip: LAKEWORTH FL 33463

Title            TREASURER  
Name            COMPERE, ANNE  
Address        5767 LINCOLN CIRCLE EAST  
City-State-Zip: LAKEWORTH FL 33463

*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:** BARBARA E DAPHNIS-MARC

**PRESIDENT**

**02/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date