## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007366

Entity Name: ALLELUIA TRIBE FOUNDATION INC.

FILED
May 27, 2021
Secretary of State
9581709577CC

## **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 Title VP

Name DAPHNIS-MARC, BARBARA E Name ALEXIS, STEPHANIE

Address 5767 LINCOLN CIRCLE EAST Address 5767 LINCOLN CIRCLE EAST

City-State-Zip: LAKEWORTH FL 33463 City-State-Zip: LAKEWORTH FL 33463

Title SECRETARY Title ADVISOR

Name MOISE, CATHERINE Name JULIEN, ROSEANNE

Address 5767 LINCOLN CIRCLE EAST Address 5767 LINCOLN CIRCLE EAST

City-State-Zip: LAKEWORTH FL 33463 City-State-Zip: LAKEWORTH FL 33463

City-State-Zip: LAKEWORTH FL 33463 City-State-Zip: LAKEWORTH FL 3346

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: DAPHNIS-MARC, BARBARA E

PRESIDENT / TRUSTEE

05/27/2021