## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007366

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:

Name

Electronic Signature of Registered Agent

Date

FILED Mar 12, 2024

**Secretary of State** 

0047982045CC

Officer/Director Detail:

Title PRESIDENT, CEO, TRUSTEE Title CFO

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 ADVISOR Title ADVISOR

Name ODILENE, JOSEPH Name COMPERE, ANNE-JUDITHE

Address 5767 LINCOLN CIRCLE EAST Address 5767 LINCOLN CIRCLE EAST

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title ADMINISTRATOR

Address 5767 LINCOLN CIRCLE EAST

OGIDE . MARC

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 DAPHNIS-MARC

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/12/2024 Date