2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739557

MELVIN, BILLY,

6633 RASCH ROAD

PANAMA CITY, FL

Name:

Address:

City-St-Zip:

GALILEAN BAPTIST CHURCH, INC

FILED Apr 07, 2004 Secretary of State

Entity Name: Galilean Baptist Church, Inc.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6008 JOHN PANAMA C	I PITTS RD CITY, FL 3240	4			
Current Mailing Address:			New Mailing Address:		
C/O 9727 CREEK ST. YOUNGSTOWN, FL 32466			6008 JOHN PITTS RD PANAMA CITY, FL 32404 US		
FEI Number:	59-2389199	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PARKER, MIKE PASTER 4136 MARILYN STREET YOUNGSTOWN, FL 32466 US			4136 MARILYN STRE	PARKER, MIKE PASTOR 4136 MARILYN STREET YOUNGSTOWN, FL 32466 US	
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: MIKE PARKER				04/07/2004	
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () OLIVER, JIMMY 3518 D STREE PANAMA CITY,	T .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () GRAHAM, MAR 9727 CREEK S YOUNGSTOWN	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MASON, DARY 1501 WYOMIN LYNN HAVEN, I	G AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BALEM TURNER ST 04/07/2004