

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90001 039 ****70.00

20060912



DOCUMENT # N00000004473 1. Entity Name NEW ASSEMBLY OF GALILEE BAPTIST CHURCH, INC.					
Principal Place of Business 6299 W. SUNHESC BLVD 108 FORT LAUDERDALE, FL 33313			Mailing Address 2520 NW 42ND AVE FORT LAUDERDALE, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1030664			Applied For Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARCELUS, JAUQUES 2520 NW 42ND AVE. LAUDERHILL, FL 33313			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____		
			FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCELLUS, JACQUES 2520 NW 42ND AVE. LAUDERHILL, FL 33313	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARCELLUS, MIMOSE 2520 NW 42ND AVE. LAUDERHILL, FL 33313	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLIEN, SYLVIO 827 NW 10TH TERR. FT. LAUDERDALE, FL-33312	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUIS, BERNADETTE E 2840 SUMERSET DR. APT M308 LAUDERDALE LAKES, FL 33311	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jacques Marcellus</u>				Date: <u>6-27-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	