2006 NOT-FOR-PROFIT CORPORATION __ANNUAL_REPORT (AR)

Secretary of State DOCUMENT # N00000004473 1. Entity Name 03-15-2006 90102 040 ****69.00 NEW ASSEMBLY OF GALILEE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 2520 NW 42ND AVE FORT LAUDERDALE FL 33313 6299 W. SUNHESC BLVD FORT LAUDERDALE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-1030664 Not Applicable Country Zip Country Zip \$8.75 Additional 5.- Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCELUS, JAQUES Street Address (P.O. Box Number is Not Acceptable) 2520 NW 42ND AVE. LAUDERHILL FL 33313 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. SIGNATUR DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARCELLUS, JACQUES NAME NAME 2520 NW 42ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZiP STD TITLE TITLE Change ☐ Delete ☐ Addition MARCELLUS, MIMOSE NAME NAME STREET ADDRESS 2520 NW 42ND AVE. STREET ADDRESS LAUDERHILL FL 33313 CITY-ST-ZIP CITY-ST-ZIP Channe TITLE ☐ Delete TITLS Addition NAME TULLIEN, SYLVIO NAME STREET ADDRESS 827 NW 10TH TERR. STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME LOUIS, BERNADETTE E NAME STREET ADDRESS STREET ADDRESS 2840 SUMERSET DR. APT M308 CITY-ST-ZIP LAUDERDALE LAKES FL 33311 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Mar 15, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

03-03-06

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