


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90227 030 \*\*\*\*75.00

<b>DOCUMENT # N00000007534</b> 1. Entity Name <b>MAHALALEEL EVANGELICAL CHURCH, INC.</b>			
Principal Place of Business <b>6151 MIRAMAR PARKWAY, #101</b> <b>MIRAMAR FL 33023</b> <b>US</b>		Mailing Address <b>6151 MIRAMAR PARKWAY, #101</b> <b>MIRAMAR FL 33023</b> <b>US</b>	
2. Principal Place of Business <b>6151 MIRAMAR PKWY</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>MIRAMAR, FLORIDA</b> Zip <b>33023</b>		3. Mailing Address <b>6151 MIRAMAR PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>MIRAMAR FL.</b> Zip <b>33023</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1061876</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOGBO, CHUCK</b> <b>2800 W. OAKLAND PARK BOULEVARD</b> <b>SUITE #209</b> <b>OAKLAND PARK FL 33311</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Francois Cerphy F.C.</i></u> <b>N/A</b> <u><i>3/5/06</i></u> <small>Signature typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>CERPHY, FRANCOIS</b> STREET ADDRESS <b>700 N W 214TH STREET, #305</b> CITY-ST-ZIP <b>MIAMI FL 33169</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>SMITH, MARIE</b> STREET ADDRESS <b>6745 ROSE DRIVE</b> CITY-ST-ZIP <b>MIRAMAR FL 33023</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>CERPHY, NICOLE</b> STREET ADDRESS <b>700 N W 214TH STREET, #305</b> CITY-ST-ZIP <b>MIAMI FL 33169</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MEMBER</b> NAME <b>DOMINIQUE JEAN MARC</b> STREET ADDRESS <b>5043 SW 168 AVE</b> CITY-ST-ZIP <b>MIRAMAR FL. 33027</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			
SIGNATURE: <u><i>Francois Cerphy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3/5/06 (954) 986-1755</i></u> <small>Date Daytime Phone #</small>	