2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 04, 2008 08:00 All Secretary of State DOCUMENT # N00000007534 1. Entity Name MAHALALEEL EVANGELICAL CHURCH, INC. Principal Place of Business Mailing Address 6151 MIRAMAR PARKWAY 6151 MIRAMAR PARKWAY SUITE 101 SUITE 101 MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business - No P.O. Box # Mailing Address 5151 Miramar Suite. Apr. #. erc 1st MOORE CR2E037 (10/07) ity & State 4. FEI Number Applied For 65-1061876 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOGBO, CHUCK Street Address (P.O. Box Number is Not Acceptable) 2800 W. OAKLAND PARK BOULEVARD **SUITE #209** OAKLAND PARK FL 33311 City 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 (NOTE: Bog stared Agent signature required w FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \square Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 🔲 Delete TITLE ☐ Change U00000881652 CERPHY, FRANCOIS NAME 04/16/08-80010-006 61.25 700 N W 214TH STREET, #305 STREET ADDRESS STREET ADDRESS CITY- ST-ZIP MIAMI FL 33169 CITY-ST-ZiP VD TITLE ☐ Delete TITLE Change Addition SMITH, MARIE NAME NAME 6745 ROSE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CERPHY, NICOLE NAME HAME 700 N W 214TH STREET, #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JEAN MARC, DOMINIQUE NAME NAME 5043 SW 168TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MANIF STIPLET AUDRESS STREET ADDRESS CITY-ST-ZIP

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 untiler 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: François Cerbly

3/28/08 (954/986-1755