2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007534

FILED Feb 06, 2009 Secretary of State

Entity Name: MAHALALEEL EVANGELICAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

6151 MIRAMAR PARKWAY SUITE 101

MIRAMAR, FL 33023 US

Current Mailing Address: New Mailing Address:

6151 MIRAMAR PARKWAY SUITE 101 MIRAMAR, FL 33023 US

FEI Number: 65-1061876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOGBO, CHUCK 2800 W. OAKLAND PARK BOULEVARD SUITE #209 OAKLAND PARK, FL 33311 US

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.

SIGNATURE:

— Flackson is Company of Devictors of Accord

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CERPHY, FRANCOIS
 Name:
 CERPHY, FRANCOIS

 Address:
 700 N W 214TH STREET, #305
 Address:
 1001 SW 87 WAY

City-St-Zip: MIAMI, FL 33169 City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SMITH, MARIE
 Name:
 SMITH, MARIE

 Address:
 6745 ROSE DRIVE
 Address:
 18612 SW 41 STREET

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33029

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CERPHY, NICOLE
 Name:
 CERPHY, NICOLE

 Address:
 700 N W 214TH STREET, #305
 Address:
 1001 SW 87 WAY

City-St-Zip: MIAMI, FL 33169 City-St-Zip: PEMBROKE PINES, FL 33025

Title: M () Delete Title: () Change () Addition Name: JEAN MARC, DOMINIQUE Name: Address: 5043 SW 168TH AVE Address:

Address: 5043 SW 1661H AVE Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: CERPHY FRANCOIS PD 02/06/2009