2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000001749

Entity Name: GALILEAN FAMILY WORSHIP CENTER CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

306 LANCASTER RD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

306 LANCASTER RD
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3342472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEREUS, DENIS
614 TOWNE SQUARE WAY, APT 821
ORLANDO, FL 32818

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEREUS, DENIS
Address: PO BOX 585488
City-St-Zip: ORLANDO, FL 32858

Title: ST ( ) Delete
Name: MAUDELAIRE, ALEXANDRE
Address: 809 RAVENS CIR., #106
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TT ( ) Delete
Name: LUMER, WENDEL
Address: PO BOX 585115
City-St-Zip: ORLANDO, FL 32858

Title: D ( ) Delete
Name: SOLANGE, MAGLOIRE
Address: 3803 PINE RIDGE RD.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WENDEL LUMER TT 04/29/2004

Electronic Signature of Signing Officer or Director — Date