2006 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001749

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

Principal Place of Business	Mailing Address
306 W. LANCASTER RD. ORLANDO, FL 32809	P.O. BOX 593028 ORLANDO, FL 32859

01212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3342472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEREUS, DENIS
320 TIBURON COURT
ORLANDO, FL 32835

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DARIUS, YVES
STREET ADDRESS	1508 RIDGE PT. DR.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T
NAME	LISSADE, JEAN
STREET ADDRESS	2759 TALL MAPLELP
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	AT
NAME	SAINTVIL, BELGA
STREET ADDRESS	417 KNIGHLAND CT.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	NEREUS, DENIS
STREET ADDRESS	320 TIBURON CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/06-80071-007 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pour. Denis Nereus 2/13/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #