

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-10-2003 90451 012 ****61.25

DOCUMENT # N02000001749

1. Entity Name

**GALILEAN FAMILY WORSHIP CENTER CHURCH OF THE NAZ
ARENE, INC.**



Principal Place of Business

**306 LANCASTER RD
ORLANDO FL 32809**

Mailing Address

**306 LANCASTER RD
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

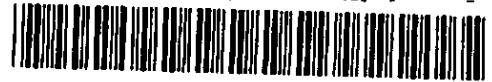
City & State

Zip

Country

Zip

Country



593-392472 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

~~58-42-197340-0000~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONHOMME, SERGE A
306 LANCASTER RD
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **Nereus Denis**

Street Address (P.O. Box Number is Not Acceptable)

**614 Towne Square way Apt # 821
City ORLANDO FL Zip Code 32818**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-24-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	BONHOMME, SERGE A	
STREET ADDRESS	5728 LONG PARK CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	☒ Delete
NAME	LISSADE, JEAN M	
STREET ADDRESS	6241 HIALEAN ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	☒ Delete
NAME	PREVILUS, JEAN N	
STREET ADDRESS	6906 COLONY OAKS LN	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Nereus Denis	
STREET ADDRESS	Po Box 585488	
CITY-ST-ZIP	Orlando FL 32858	
TITLE	S	☒ Change ☐ Addition
NAME	Alexandre Maudelaire	
STREET ADDRESS	899 narens cir #106	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE	T	☒ Change ☐ Addition
NAME	Lumer Wendel	
STREET ADDRESS	Po Box 585115	
CITY-ST-ZIP	ORLANDO FL 32858	
TITLE	MD	☒ Change ☐ Addition
NAME	MAGLONE Solange	
STREET ADDRESS	3803 Pine Ridge Rd	
CITY-ST-ZIP	Orlando FL 32808	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

407-251-8900

Date

Daytime Phone #