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	Mailing Address
306 LANCASTER RD ORLANDO FL 32809	306 LANCASTER RD ORLANDO FL 32809

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 593-392472 ☐ 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 Nerevs 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 _____ 2-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	Nerevs Denis D	
STREET ADDRESS	Po Box 585488	
CITY-ST-ZIP	Orlando Fl. 32858	
TITLE	S	☑ Change ☐ Addition
NAME	Alexandre Mandelaire T	
STREET ADDRESS	809 Ravens Cir #104	
CITY-ST-ZIP	Altamonte Spring FL 32714	
TITLE	T	☑ Change ☐ Addition
NAME	Lumer Wendel T	
STREET ADDRESS	Po Box 585115	
CITY-ST-ZIP	Orlando FL 32858	
TITLE	D	☒ Change ☐ Addition
NAME	Magloire 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 REQUIRED 1-27-03 407-251-8900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DIRECTOR Date Daytime Phone #