

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010812

FILED
Feb 09, 2007
Secretary of State

Entity Name: GUILGAL COMMUNITY CENTER, INC.

Current Principal Place of Business:

6008 NORTH PINE HILLS ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6008 NORTH PINE HILLS ROAD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 30-0287558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILOGENE, SCHILLER
149 GUADALAJARA DRIVE
KISSIMMEE, FL 34743 US

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: D () Delete
Name: JEAN-BAPTISTE, RONALD
Address: 1155 FOX FOREST CIRCLE
City-St-Zip: APOKA, FL 32712

Title: D, T () Delete
Name: PHILOGENE, SCHILLER
Address: 149 GUADALAJARA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: D, S () Delete
Name: CHARLES, JEANNINE
Address: 2243 TWISTED PINE ROAD
City-St-Zip: OCOEE, FL 34761

Title: D, P () Delete
Name: ALEXANDRE, ANTOINE
Address: 2209 WOODWIND DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: DESAMOUR, JUNIAS
Address: 113 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOKA, FL 32712

Title: D, V (X) Delete
Name: MARCELLUS, RENOIR
Address: 5410 MUSTANG WAY
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALEXANDRE, ANTOINE
Address: 2209 WOODWIND DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change () Addition
Name: MARCELLUS, RENOIR
Address: 5410 MUSTANG WAY
City-St-Zip: ORLANDO, FL 32810

Title: T (X) Change () Addition
Name: PHILOGENE, SCHILLER
Address: 149 GUADALAJARA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: S (X) Change () Addition
Name: CHARLES, JEANNINE
Address: 2243 TWISTED PINE ROAD
City-St-Zip: OCOEE, FL 34761

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 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: ANTOINE ALEXANDRE

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date