

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

08 APR 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *ND7000007014*

1. Entity Name

GALILEE MISSIONARY BAPTIST CHURCH INC



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2. Principal Place of Business - No P.O. Box #

5913 Hwy 90

Suite, Apt. #, etc.

3. Mailing Address

5913 Hwy 90

Suite, Apt. #, etc.

CR2E037B (5/07)

City & State

MILTON FL

City & State

MILTON FL

4. FEI Number

14-2005390

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Carol L Watford*

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

6413 Spruce St

City *MILTON*

FL

Zip Code *32570*

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

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 NAME *William E Lord, Trustee + Moderator*
STREET ADDRESS *5065 Matthews Rd*
CITY-ST-ZIP *Pace FL 32571*

TITLE NAME *Trustee + Secretary*
STREET ADDRESS *Colleen Lord*
CITY-ST-ZIP *4310 Third Ave Pace, FL 32571*

TITLE NAME *Trustee + Treasurer*
STREET ADDRESS *Carol L Watford*
CITY-ST-ZIP *6413 Spruce St Milton FL 32570*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

700123502897
04/15/08--01010--017 **61.25

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Carol Watford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-208

850-623-3008

Date

Daytime Phone #