


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90010 046 ****61.25

DOCUMENT # N96000005015	
1. Entity Name MAHALALEEL BAPTIST CHURCH, INC.	

Principal Place of Business 2874 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33311	Filing Address PO box 101414 Fort Lauderdale FL 33310
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04007033



04152004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3410259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TILERIN, CERAMAND 5859 N.W. 16TH STREET SUNRISE, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25 ✓
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIREUS, OLIVUS 260 S.W. 56TH TERRACE #106 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILERIN, CERAMAND 5859 N.W. 16 ST. SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOSEIL, JOSEPH B. 1122 S.W. 1ST STREET FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DUPICHE, ADORABLE 100 N.W. 188 ST N. MIAMI, FL 333169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYLVAIN, GEDEON 5301 N.W. 16TH CT. FT. LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC REMY, ENVERDIEU 821 SW 63RD WAY N. LAUDERDALE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

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: *Ceramand Tilerin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

Daytime Phone #