

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005015 1. Entity Name MAHALALEEL BAPTIST CHURCH, INC.					
Principal Place of Business 2874 N. STATE ROAD 7 LAUDERDALE LAKES FL 33311			Mailing Address PO BOX 101414 FORT LAUDERDALE FL 33310		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3410259				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIREUS, OLIVS 260 S.W. 56TH TERRACE #106 MARGATE FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILERIN, CERAMAND 5859 N.W. 16 ST. SUNRISE FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOSEIL, JOSEPH B 1122 S.W. 1ST STREET FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DUPICHE, ADORABLE 100 N.W. 188 ST N. MIAMI FL 33316-9	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYLVAIN, GEDEON 5301 N.W. 16TH CT. FT. LAUDERDALE FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC REMY, ENVERDIEU 821 SW 63RD WAY N. LAUDERDALE FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/04)

59-3410259

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILERIN, CERAMAND
5859 N.W. 16TH STREET
SUNRISE FL 33313

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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
STREET ADDRESS
CITY-ST-ZIP
PD
MIREUS, OLIVS
260 S.W. 56TH TERRACE #106
MARGATE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TILERIN, CERAMAND
5859 N.W. 16 ST.
SUNRISE FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LOSEIL, JOSEPH B
1122 S.W. 1ST STREET
FT. LAUDERDALE FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DUPICHE, ADORABLE
100 N.W. 188 ST
N. MIAMI FL 33316-9

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SYLVAIN, GEDEON
5301 N.W. 16TH CT.
FT. LAUDERDALE FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MC
REMY, ENVERDIEU
821 SW 63RD WAY
N. LAUDERDALE FL 33068

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000271803
03/21/05-80061-012 61.25

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cermond Tilerin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

Daytime Phone #