

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 010 ***110.75

DOCUMENT # N96000005015			
1. Entity Name MAHALALEEL BAPTIST CHURCH, INC. <i>MAHALALEEL Baptist Church INC</i>			
Principal Place of Business 2874 N. STATE ROAD 7 LAUDERDALE LAKES FL 33311 <i>Tilerin Ceramand</i>		Mailing Address MUTIALA ELL BCH P.O. BOX 101414 FORT LAUDERDALE FL 33310 <i>Mahalaleel B</i>	
2. Principal Place of Business - No P.O. Box # 5859 N.W. 16 ST Suite, Apt. #, etc. <i>Sunrise Fl</i> 33313		3. Mailing Address P.O. BOX 101414 Suite, Apt. #, etc. <i>fort lauderdale fl</i> 33310	
City & State		City & State	
Zip	Country	Zip	Country
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 <i>Ceramand Tilerin</i> DATE <i>3/28/07</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIREUS, OLIUS 260 S.W. 56TH TERRACE #106 MARGATE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Marie Euline Loscil 740 Carolina Avenue Fort Lauderdale, FL 33312 ☐ Change ☒ Addition
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	Bidry Pierre 622 NW 13 Street Apt 16 Bo Cataton, FL 33486 ☐ Change ☒ Addition
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	MC Joseph B. Loscil 740 Carolina Avenue Fort Lauderdale, FL 33312 ☒ Change ☐ Addition
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	M Yvrose Danel 1266 NW 58 Avenue Fort Lauderdale, FL 33313 ☐ Change ☒ Addition
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	M Merickin Francois 3260 N.W. 174 Street Miami, FL 33056 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MC REMY, ENVERDIEU 821 SW 63RD WAY N. LAUDERDALE FL 33068 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M Richelet A. Frederic 150 NW 193 Street Miami Garden, FL 33169 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #