

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000296

FILED
Jan 27, 2008
Secretary of State

Entity Name: GALILEE BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

3221 E LOUISIANA AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3221 E LOUISIANA AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 36-4218617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, KENNEDY
4303 W. MAIN ST.
TAMPA, FL 33607 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: PD () Delete
Name: WATSON, KENNEDY
Address: 4303 MAIN ST
City-St-Zip: TAMPA, FL 33607

Title: CC () Delete
Name: SHARP, BETTY
Address: 3221 LOUISIANA AVE
City-St-Zip: TAMPA, FL 33610

Title: RS () Delete
Name: VARNES, ANTIONETTE
Address: 3104 E 24TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: LARGER, SAMS
Address: 3221 LOUISIANA AVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: BEASLEY, BEATRICE
Address: 3221 LOUISIANA AVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ANTIONETTE VARNES

RS

01/27/2008

Electronic Signature of Signing Officer or Director

Date