

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000296

FILED  
Apr 17, 2009  
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: RS (X) Change ( ) Addition  
Name: VARNES, ANTIONETTE  
Address: 3221 E LOUISIANA AVE  
City-St-Zip: TAMPA, FL 33610

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

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date