

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001749

Entity Name: GALILEAN FAMILY WORSHIP CENTER BY FAITH, INC**Current Principal Place of Business:**7200 LAKE ELLENOR DRIVE
120
ORLANDO, FL 32809**Current Mailing Address:**7200 LAKE ELLENOR DRIVE
120
ORLANDO, FL 32859 US**FEI Number:** 59-3342472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DENAIS, GEDREME
2368 BRIDGEWOOD TRAIL
ORLANDO, FL 32818 US*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:** GEDREME DENAIS**03/26/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GEDREME, DENAIS SR.
Address	7200 LAKE ELLENOR DR, ST 201
City-State-Zip:	ORLANDO FL 32837

Title	VP
Name	SAINT-VIL , MARIE HOLENE
Address	417 KNIGHT LAND COURT
City-State-Zip:	ORLANDO FL 32824

Title	SECRETARY
Name	DENAIS, MARLENE
Address	2368 BRIDGEWOOD TRAIL
City-State-Zip:	ORLANDO FL 32818

Title	ADV
Name	POCHETTE, ANNETTE
Address	155 GLENWOOD COURT
City-State-Zip:	KISSIMMEE FL 43743

Title	TREASURER
Name	SAINT VIL , BELGA
Address	417 KNIGHTS LAND STREET
City-State-Zip:	ORLANDO FL 32824

Title	ASSISTANT SECRETARY
Name	PIERRE PAUL , FRANCE
Address	5448 FITNESS CIRCLE APT 102
City-State-Zip:	ORLANDO FL 32839

Title	ADV
Name	DESIR, CLEDENA
Address	2368 BRIDGE WOOD TRAIL
City-State-Zip:	ORLANDO FL 32818

I hereby 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 all other like empowered.

SIGNATURE: GEDREME DENAIS**SENIOR PASTOR****03/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date