**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 19, 2018**
**Secretary of State**
**CC7654798732**

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:**

P O BOX 590714
ORLANDO, FL 32859 US

**FEI Number: 59-3342472**

**Certificate of Status Desired:** Yes

**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 03/19/2018

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | MORAME, HENRILUS |
| Address | 7200 LAKE ELLENOR DR, ST 201 |
| City-State-Zip: | ORLANDO FL 32837 |

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

| | |
|---|---|
| Title | ADV |
| Name | SAINT-VIL, MARIE H |
| Address | 417 KNIGHTS LAND STREET |
| City-State-Zip: | ORLANDO FL 32824 |

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | MICHAUD, ANETUDE |
| Address | 5426 ARPANA DRIVE |
| City-State-Zip: | ORLANDO FL 32839 |

| | |
|---|---|
| Title | VP |
| Name | BLAISE, SHEILA |
| Address | 7200 LAKE ELLENOR |
| City-State-Zip: | ORLANDO FL 32809 |

| | |
|---|---|
| Title | ADV |
| Name | MICHAUD, ELIRESTE |
| Address | 5426 ARPANA DRIVE |
| City-State-Zip: | ORLANDO FL 32839 |

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

| | |
|---|---|
| Title | SENIOR PASTOR |
| Name | DENAIS, GEDREME |
| Address | 2368 BRIDGE WOOD TRAIL |
| City-State-Zip: | ORLANDO FL 32818 |

**Continues on page 2**

*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 03/19/2018

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | ADV |
| Name | BLAISE, PIERRE |
| Address | 7200 LAKE ELENOR |
| City-State-Zip: | ORLANDO FL 32809 |