

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001749

Entity Name: GALILEAN FAMILY WORSHIP CENTER, INC**Current Principal Place of Business:**7200 LAKE ELLENOR DR, ST 201
ORLANDO, FL 32837**Current Mailing Address:**6207 CENTENNIAL DR.
ORLANDO, FL 32808**FEI Number: 59-3342472****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DENAIS, GEDREME
6207 CENTENNIAL DR.
ORLANDO, FL 32808 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name AVRIL, JEAN
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

Title TREASURER
Name GUERCIN, JACQUES
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

Title ADV
Name MICHAUD, ELIRESTE
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR
Name SAINT-VIL, MARIE H
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

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

Title SECRETARY
Name DENAIS, MARLENE
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

Title ADM
Name FLEURIUS, GARDIMY
Address 7200 LAKE ELLENOR DR, ST 201
City-State-Zip: ORLANDO FL 32837

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

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: DENAIS GEDREME**REGISTER AGENT****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date