**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 12, 2021**
**Secretary of State**
**6945899041CC**

DOCUMENT# N02000001749

**Entity Name:** GALILEAN FAMILY WORSHIP CENTER BY FAITH, INC

**Current Principal Place of Business:**

2327 S.RIO GRANDE AVE
ORLANDO, FL 32805

**Current Mailing Address:**

2327 S RIO GRANDE AVE
ORLANDO, FL 32805 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 04/12/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

*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 SR. PASTOR 04/12/2021

Electronic Signature of Signing Officer/Director Detail — Date