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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10976 (1)

1. Corporation Name
APOSTOLIQUE FAITH CHURCH, INC.



Principal Place of Business: 5708 N.E. 2ND AVENUE MIAMI FL 33137-2508
Mailing Address: 5708 N.E. 2ND AVENUE MIAMI FL 33137-2508

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business: 21 5708 NE 2ND AVENUE
2a. Mailing Address: 26 1645 NE 159th STREET

4. FEI Number: 59-2617741
Applied For: Not Applicable

22. City & State: MIAMI, FL
27. City & State: NORTH MIAMI BEACH, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33137-2508 Country: DADE
28. Zip: 33162-4739 Country: DADE

6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

PIERRE, ST. LOUIS
1645 NE 159TH STREET
NORTH MIAMI FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	ST. LOUIS, REV. PIERRE	
STREET ADDRESS	9300 N.W. 3 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/>
NAME	ST. LOUIS, GABRIELLE P.	
STREET ADDRESS	9300 N.W. 3 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/>
NAME	BELIZAIRE, MICHELINE	
STREET ADDRESS	7512 N.W. 1 CTE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AP	<input type="checkbox"/>
NAME	LAFONTANT, ANDRE DANIEL	
STREET ADDRESS	1131 N.W. 122ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	ORELEIN, DIEULA	
STREET ADDRESS	5118 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/>
NAME	ORELEIN, JEAN	
STREET ADDRESS	5118 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/6/97 DAYTIME PHONE: 305-948-8487

CR2E037 (9/96)