

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT
 1999
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 SECRETARY OF STATE

APPROVED
 FILED
 99 JUN 30 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N10976
 1. Corporation Name
 APOSTOLIQUE FAITH CHURCH, INC.

Principal Place of Business Mailing Address
 5708 NE 2ND AVE 1645 NE 159th Street
 MIAMI, FL. 33137 North Miami Bch.
 FL. 33162

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
23	City & State	27	City & State	5.	Certificate of Status Desired
24	Zip	28	Zip	6.	Election Campaign Financing
25	Country	29	Country		Trust Fund Contribution
30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIERRE, ST. LOUIS		81	Name
1645 NE 159th Street		82	Street Address (P.O. Box Number is Not Acceptable)
North Miami Beach, FL. 33162		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1D ST. LOUIS, REV. PIERRE	1.1 TITLE	
NAME	1645 NE 159th ST.	1.2 NAME	
STREET ADDRESS	N.M.B., FL. 33162	1.3 STREET ADDRESS	100002929791--7
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-07/13/99--01041--002
TITLE	VD ST. LOUIS, GABRIEL P.	2.1 TITLE	****122.50
NAME	1645 NE 159th Street	2.2 NAME	
STREET ADDRESS	N.M.B., FL. 33162	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S BELIZAIRE, MICHELINE	3.1 TITLE	
NAME	7512 NW 1 COURT	3.2 NAME	
STREET ADDRESS	MIAMI, FL.	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DRELEIN, DIEULA	4.1 TITLE	
NAME	5118 N. MIAMI AVE	4.2 NAME	
STREET ADDRESS	MIAMI, FL.	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AP LAPONTANT, ANDRE DANIEL	5.1 TITLE	
NAME	1131 NW 122ND ST.	5.2 NAME	
STREET ADDRESS	MIAMI, FL.	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	I. SISTER GENEVOIT	6.1 TITLE	
NAME	610 NE 177th Street	6.2 NAME	
STREET ADDRESS	MIAMI, FL.	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 5/3/99 DAYTIME PHONE # _____

CR2E037 (11/98)