

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N10976**

1. Entity Name

APOSTOLIQUE FAITH CHURCH, INC.

Principal Place of Business

Mailing Address

5708 NE 2ND Avenue **1645 NE 159th Street**
Miami, FL 33137 **NMB, FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2617741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pierre, St. Louis
1645 NE 159th Street
NMB, FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to:
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. LOUIS RIV PIERRE	
STREET ADDRESS	1645 NE 159th Street	
CITY-ST-ZIP	NMB, FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ST. LOUIS, Gabriell P.	
STREET ADDRESS	1645 NE 159th Street	
CITY-ST-ZIP	NMB, FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	Belizaire, Michelle	
STREET ADDRESS	5448 7512 NW 1 Court	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Orelein, Diemig	
STREET ADDRESS	5118 N. Miami Avenue	
CITY-ST-ZIP	Miami, FL 33162	
TITLE	AP	<input type="checkbox"/> Delete
NAME	Zafontmont, Anclve Daniel	
STREET ADDRESS	1131 NW 122nd Street	
CITY-ST-ZIP	Miami, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	Sister Genevieve	
STREET ADDRESS	610 NE 177th Street	
CITY-ST-ZIP	Miami, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900004618659--0	
CITY-ST-ZIP	-10/01/2001--01081--021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****70.00	
CITY-ST-ZIP	*****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

9/20/2001 305

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 SEP 25 AM 7:59

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)