

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91527 010 \*\*\*\*61.25

DOCUMENT # **N10976**  
1. Entity Name

**APOSTOLIQUE FAITH CHURCH, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **5708 NE 2ND AVENUE** Suite, Apt. #, etc.  
3. Mailing Address **1645 NE 159th Street** Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FL.** Zip **33137** Country **MIAMI-DADE**  
City & State **NMB, FL.** Zip **33162** Country **MIAMI-DADE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PIERRE, ST. LOUIS**  
Street Address (P.O. Box Number is Not Acceptable) **1645 NE 159th Street**  
City **NMB, FL** Zip Code **33162**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ST. LOUIS, REV. PIERRE 1645 NE 159th Street NMB, FL. 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS ST. LOUIS, GABRIELL P. 1645 NE 159th Street NMB, FL. 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BELIZAIRE, MICHELINE 7512 NW 1 COURT MIAMI, FL. 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ORELEIN, DIEULA 5118 N. MIAMI AVENUE MIAMI, FL. 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AP LATDONTANT, ANDRE DANIEL 1131 NW 20th Street MIAMI, FL. 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SISTER GENECOIT 610 NE 177th STREET MIAMI, FL. 33179</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-98-09**  
Date Daytime Phone #

CR2E037B (12/01)