## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10976

FILED Sep 11, 2009 Secretary of State

Entity Name: APOSTOLIQUE FAITH CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 5708 N.E. 2ND AVENUE 5708 N.E. 2ND AVENUE NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33138 **Current Mailing Address: New Mailing Address:** 1645 N.E 159TH ST NORTH MIAMI BEACH, FL 33162 US FEI Number: 59-2617741 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, ST.LOUIS 1645 NE 159TH STREET NORTH MIAMI, FL 33162 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PIERRE, ST. LOUIS Name: Name: 1645 NE 159TH ST. Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: PIERRE, GABRIELLE Name: Address: 1645 NE 159TH ST. Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ORLEUS, LEAMIDE Name: PIERRE, LUCKENCIE Name: 1680 NE 151ST ST 14 Address: Address: 17327 NE 22ND AVE City-St-Zip: MIAMI, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33160 Title: () Delete Title: (X) Change ( ) Addition Name: JOSEPH, MAXIMENE Name: FRANCOIS, ALTARO 37 NE 69TH ST Address: Address: 1045 NE 155TH STREET City-St-Zip: MIAMI, FL 33138 City-St-Zip: NORTH MIAMI BEACH, FL 33162 Title: () Delete Title: () Change () Addition PIERRE, DANIEL REV. Name: Name: 5708 NE 2ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ST-LOUIS PIERRE PAST 09/11/2009