

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 022 ****61.25

DOCUMENT # ~~1097~~ 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.

City & State
NAMB, FL.

4. FEL Number
59-2617741

Applied For
Not Applicable

Zip
33137

Country
MIAMI-DADE

Zip
33162

Country
MIAMI-DADE

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
NAMB

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST. LOUIS, REV. PIERRE 1645 NE 159th Street NAMB, FL. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ST. LOUIS, GABRIELL P. 1645 NE 159th Street NAMB, FL. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELZAIRE, MICHELINE 7512 NW 1 Court MIAMI, FL. 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRELEIN, DIEULA 5118 N. MIAMI AVENUE MIAMI, FL. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP LATONTANT, ANDRE DANIEL 1131 NW 22nd Street MIAMI FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I SISTER GENECOIT 610 NE 177th Street MIAMI FL. 33179

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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: