2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #713739

1. Entity Name



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90379 010 ****61.25

MMM, FL 33147 US	APOSTO	LIC FAITH, INC.	NOTO THE								
Suite Apt #, etc. Applied for Nav Applied for	Principal Place of Business 8650 N.W. 22ND AVENUE MIAMI, FL 33147 US		C/O MAE OLA GILCREASE -2821 NW 209 TERR-		- 1 (100) (180) (1						
Cay & State City & State Cit	2. Principal P	Place of Business	3. Mailing Address	Aailing Address 372 NW 83 ST.							
Country State Section Sectio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03292006	Chg-NP CR2E	(11/05)				
S. Name and Address of Current Registered Agent ZYNE, PHILIP M 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Symbol to printed harmfol registered agent and like if advancable. VIOTE Registered Agent Agents agents are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Symbol to printed harmfol registered agent. VIOTE Registered Agent Agents agents are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of S	City & Stat	e				52					
Name Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		USA VSA	5. Certificate of	Status Desired					
Street Address (P-O. Box Number is Not Acceptable)		6. Name and Address of Current i	Registered Agent		7. Name and A	dress of New Registere	d Agent				
1978 BRIDGEWATER DR	ZYNE, PH	ILIP M		Name							
B. 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	1978 BRID	GEWATER DR		Street Address (P.O. Box Number is Not Acceptable)							
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 tanklier with, and accept the obligations of registered agent. Signature specific proteins of proteins agent and table it accided. (NOTE Registered Agent spreadure) DATE				City		F	Zip Cod	e i			
Supersure typed or printed name of trepsessed agent and title 1 applicable. (NOTE Registered Agent supersure required when nanstating) DATE	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										
Due by May 1, 2006	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE MAME GILCREASE, MAE OLA SIRET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33056 OPA LOCKA, FL 300685 OPA LOCKA,						,		1			
MAME SIRET ADDRESS CITY-ST-JP OPA LOCKA, FL 33056 GILCREASE, MAE OLA 2821 N.W. 209TH TERR OPA LOCKA, FL 33056 Delete NAME SIRET ADDRESS CITY-ST-JP Change Addition NAME SIRET ADDRESS CITY-ST-JP SIRET ADDRESS CITY-ST-JP Change Addition NAME SIRET ADDRESS CITY-ST-JP SIRET											
STREET ADDRESS 2821 N.W. 209TH TERR	10.	Due by May 1, 2006	Trust Fund Co	ntribution.	Added to Fees	Florida Dep	artment of Si	tate			
TITLE D Delete TITLE NAME HALLMAN, LIZZIE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TO THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TO THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TO THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DORESS CITY-ST-ZIP DELE	TITLE	OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees	Florida Dep	artment of SI	late			
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STREET ADDRESS CITY-ST-ZIP MIAMI, FL TD Delete BUTLER, EVELYN STREET ADDRESS CITY-ST-ZIP TITLE TD Delete BUTLER, EVELYN STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Due by May 1, 2006 OFFICERS AND DIR DP GILCREASE, MAE OLA 2821 N.W. 209TH TERR OPA LOCKA, FL 33056	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHAN	Florida Dep	DIRECTORS IN Change	late			
CITY-ST-ZIP MIAMI, FL TD Delete TITLE NAME BUTLER, EVELYN STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 DELETE DELETE DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIR DP GILCREASE, MAE OLA 2821 N.W. 209TH TERR OPA LOCKA, FL 33056 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHAN	Florida Dep	DIRECTORS IN Change	I 10 Addition			
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIR DP GILCREASE, MAE OLA 2821 N.W. 209TH TERR OPA LOCKA, FL 33056 D HALLMAN, LIZZIE 15935 NW 27 PL MIAMI, FL TD BUTLER, EVELYN 2521 NW 165 TERRACE OPA LOCKA, FL VSD GHEE, VERONICA 1372 NW 83 ST MIAMI, FL 33150 D JOHNSON, KIMBERLY 2821 NW 208 TERR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHAN	Florida Dep	Change Change Change Change	Addition Addition Addition			

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:	nimica	Duon	VERDAICA	CHEE.	9,7	3/29	106 (78	6)318-2	489
U	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNIN	C OFFICED OF DIRECTOR	- ,	Date		Danton	Dhana	•