

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001989

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CHURCH OF GOD APOSTOLICAL FAITH, INC.

## Current Principal Place of Business:

106 NW 5 AVE  
DELRAY BEACH, FL

## New Principal Place of Business:

## Current Mailing Address:

106 NW 5 AVE  
DELRAY BEACH, FL

## New Mailing Address:

FEI Number: 65-1089155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISRAEL, REV ILFRAEL  
106 NW 5 AVE  
DELRAY BEACH, FL US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: ISRAEL, REV ILFRAEL  
Address: 151 NW 41 CT  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete  
Name: PETIT-HOMME, JULES  
Address: 2489 ANGLER SR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete  
Name: ATELIO, NORMIL  
Address: 1710 STONE HAVEN APRT # 7  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DT ( ) Delete  
Name: NORMIL, JUTA D  
Address: 1710 STONE HAVEN APRT # 7  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ISRAEL, REV : ILFRAEL  
Address: 4671 N.E 1ST. AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD (X) Change ( ) Addition  
Name: MARIE A., BELOT  
Address: 2489 ANGLER SR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD (X) Change ( ) Addition  
Name: WALKER, DELICAT  
Address: 208 S.W 8TH. CT  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DT (X) Change ( ) Addition  
Name: LEMOINE, ESTIME  
Address: 501 S.W 10TH. STREET  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISRAEL ILFRAEL

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date