

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009400

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: APOSTOLIC ENRICHMENT CENTER INC

**Current Principal Place of Business:**

6707 NW 15TH AVE.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

6707 NW 15TH AVE.  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 45-0526398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, GILBERT  
6707 NW 15TH AVE.  
MIAMI, FL 33142 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: P ( ) Delete  
Name: SMITH, GILBERT  
Address: 6707 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: CARAWAY, TANDY  
Address: 6707 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: LITTLE, TALEZIA  
Address: 6707 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: V ( ) Delete  
Name: JOHNSON, OLRICK  
Address: 7142 NW 16 AVE  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: SMITH, GENEVA  
Address: 6707 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: ADAMS, ANTONETTE  
Address: 6707 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TALEZIA LITTLE

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date