2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N05000001748

Entity Name: APOSTOLIC FAITH CHURCH OF GOD INC.

Current Principal Place of Business:

757 NW BRISTOL STREET
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

757 NW BRISTOL STREET
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 02-0739460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDOR, PARNEL
757 NW BRISTOL STREET
PORT SAINT LUCIE, FL 34983 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: MEDOR, PARNEL
Address: 757 NW BRISTOL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S ( ) Delete
Name: MEDOR, MARIE D
Address: 757 NW BRISTOL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: V ( ) Delete
Name: VALENTIN, VILMAINE
Address: 1002 LIBERTY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: T ( ) Delete
Name: CHERY, OFFNY
Address: 1902 S.W. GOLD LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: LANGLOIS, GUY
Address: 2162 WALD STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: PARNEL MEDOR D 03/12/2009

Electronic Signature of Signing Officer or Director — Date