
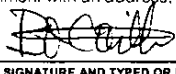


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90036 012 ****70.00

DOCUMENT # N07000009613					
1. Entity Name APOSTOLIC FAITH CHURCH, HOUSE OF THE WORD OF GOD, INC.					
Principal Place of Business 11629 NW 7TH AVE. MIAMI, FL 33127		Mailing Address 11629 NW 7TH AVE. MIAMI, FL 33127			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03272008 Chg-NP CR2E037 (12/06) 4. FEI Number 45-0576883	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
BOCAILLE, RITHA 19241 NW 23RD CT. MIAMI, FL 33127				7. Name and Address of New Registered Agent	
				Name	
				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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PC, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORGELLA, JEAN	NAME			
STREET ADDRESS	15500 NE 15TH CT. N.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162	CITY-ST-ZIP			
TITLE	D/VICE PRES. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOCAILLE, ELUCIEN	NAME			
STREET ADDRESS	19241 NW 23RD CT.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP			
TITLE	D/ TRAS. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOEL, WILLIAM	NAME			
STREET ADDRESS	332 NE 166TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162	CITY-ST-ZIP			
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, JOSIER	NAME			
STREET ADDRESS	1521 NW 182 ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	D/ SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOCAILLE, RITHA	NAME			
STREET ADDRESS	19241 NW 23RD CT.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP			
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVIOLETTE, DENESE	NAME			
STREET ADDRESS	1521 NW 182 ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
12. I hereby 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 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: 		VICE PRESIDENT		3-28-08 786-260-2043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	