

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009613

FILED
Feb 23, 2009
Secretary of State

Entity Name: APOSTOLIC FAITH CHURCH, HOUSE OF THE WORD OF GOD, INC.

Current Principal Place of Business:

11629 NW 7TH AVE.
MIAMI, FL 33127

New Principal Place of Business:

11629 NW 7TH AVE.
MIAMI, FL 33168

Current Mailing Address:

11629 NW 7TH AVE.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 45-0576883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOCAILLE, RITHA
19241 NW 23RD CT.
MIAMI, FL 33127 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: PC () Delete
Name: BORGELLA, JEAN
Address: 15500 NE 15TH CT. N.
City-St-Zip: MIAMI, FL 33162

Title: DVP () Delete
Name: BOCAILLE, ELUCIEN
Address: 19241 NW 23RD CT.
City-St-Zip: MIAMI, FL 33056

Title: D/T () Delete
Name: NOEL, WILLIAM
Address: 332 NE 166TH ST.
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: PAUL, JOSIER
Address: 1521 NW 182 ST.
City-St-Zip: MIAMI, FL 33169

Title: D/S () Delete
Name: BOCAILLE, RITHA
Address: 19241 NW 23RD CT.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: LAVIOLETTE, DENESE
Address: 1521 NW 182 ST.
City-St-Zip: MIAMI, FL 33169

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
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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: JEAN BORGELLA

PC

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date