

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011784

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** APOSTLES CHRISTIANS CHURCH INC.

**Current Principal Place of Business:**

2305 BROADWAY  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

2305 BROADWAY  
RIVIERA BEACH, FL 33404 US

**Current Mailing Address:**

4109 N. AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 80-0453900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORVAN, PIERRE Z  
4109 N. AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407 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  
Name: MORVAN, PIERRE Z  
Address: 4109 N. AUSTRALIAN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: ROSIER, JIMY  
Address: 4109 AUSTRALIAN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T  
Name: MORVAN, JEAN L  
Address: 1501 CRESCENT CIRCLE #26  
City-St-Zip: LAKE PARK, FL 33403

Title: D  
Name: CHRISTOPHE, JOSUE  
Address: 2305 BROADWAY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: FLEURIGENE, CENEX  
Address: 9105 REED DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: PIERRE MORVAN

P

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date