

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008014

FILED
Apr 06, 2009
Secretary of State

Entity Name: APOSTOLIC FAITH CHURCH FRENCH BRANCH INC

Current Principal Place of Business:

1046 WEST WASHINGTON STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1046 WEST WASHINGTON STREET
ORLANDO, FL 32805

New Mailing Address:

3751 WATEROAKS DRIVE
ORLANDO, FL 32818

FEI Number: 20-5570163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERISTIN, JOEL REV
3751 WATEROAKS DRIVE
ORLANDO, FL 32818 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: PD () Delete
Name: CHERISTIN, JOEL
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: VINCENT, RENEL
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: EDOUARD, ALFREDO
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Delete
Name: DARIUS, ORELIEN B
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: MASSON, JEAN RONY
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: FLEURISSANT, PREVIL
Address: 1046 WEST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32805

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:

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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: JOEL CHERISTIN

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date