

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10976

FILED
Jan 30, 2007
Secretary of State

Entity Name: APOSTOLIQUE FAITH CHURCH, INC.

Current Principal Place of Business:

5708 N.E. 2ND AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1645 NW 159TH ST
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 59-2617741 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ST. LOUIS, PIERRE
1645 NE 159TH STREET
NORTH MIAMI, FL 33162 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: ST. LOUIS, PIERRE REV.
Address: 1645 NE 159TH ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD () Delete
Name: ST. LOUIS, GABRIELL P
Address: 1645 NE 159TH ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S () Delete
Name: BELIZAIRE, MICHELINE
Address: 7512 N.W. 1 CT.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ORELEIN, DIEULA
Address: 5118 N. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: GENECOIT, SISTER
Address: 610 NE 177TH STREET
City-St-Zip: MIAMI, FL

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: PIERRE, DANIEL REV.
Address: 5708 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: SIGNATURE ON FILE

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date