

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90143 020 \*\*\*\*75.00

DOCUMENT # N99000004253  
 1. Entity Name **Apostolic FAITH Fellowship CHURCH, INC.**

Principal Place of Business --- Mailing Address ---  
**6868 SILVER STAR RD**  
**ORLANDO, FLORIDA, 32818**

2. Principal Place of Business **6868 SILVER STAR RD**  
 Suite, Apt. #, etc. **6868**  
 City & State **ORLANDO FLORIDA**  
 Zip **32818** Country **ORANGE**

3. Mailing Address **2012 CABO SAN LUCAS DR**  
 Suite, Apt. #, etc. **APT. 103**  
 City & State **ORLANDO FLORIDA**  
 Zip **32839** Country **ORANGE**

DO NOT WRITE IN THIS SPACE

4. FEI Number **Apply FOR** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Orelien B. Darius**  
**4938 SANOMA VILLAGE**  
**ORLANDO, Florida 32808**

7. Name and Address of New Registered Agent  
 Name **Orelien B. Darius**  
 Street Address (P.O. Box Number is Not Acceptable) **4938 SANOMA VILLAGE**  
 City **ORLANDO** FL Zip Code **32808**

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.

SIGNATURE **Orelien B Darius**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P. JN ROLAND DELER</b>	<input type="checkbox"/> Delete
NAME	<b>P. JN ROLAND DELER</b>	
STREET ADDRESS	<b>2012 CABO SAN LUCAS / ORL. FL. 32839</b>	
CITY-ST-ZIP	<b>ORLANDO FL. 32839</b>	
TITLE	<b>V. JOEL CHERISTIN</b>	<input type="checkbox"/> Delete
NAME	<b>V. JOEL CHERISTIN</b>	
STREET ADDRESS	<b>4938 SANOMA VILLAGE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32808</b>	
TITLE	<b>S. Adoniste JN ROBERT</b>	<input type="checkbox"/> Delete
NAME	<b>S. Adoniste JN ROBERT</b>	
STREET ADDRESS	<b>2012 CABO SAN LUCAS APT. 3</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
TITLE	<b>T. ALFREDO Edouard</b>	<input type="checkbox"/> Delete
NAME	<b>T. ALFREDO Edouard</b>	
STREET ADDRESS	<b>417 SOUTH LEE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO 32805</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P. ROLAND DELER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P. ROLAND DELER</b>	
STREET ADDRESS	<b>2012 CABO SAN LUCAS APT 3</b>	
CITY-ST-ZIP	<b>ORLANDO FL-32839</b>	
TITLE	<b>V. JOEL CHERISTIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V. JOEL CHERISTIN</b>	
STREET ADDRESS	<b>4938 SANOMA VILLAGE</b>	
CITY-ST-ZIP	<b>ORLANDO FL. 32808</b>	
TITLE	<b>S. Adoniste JN Robert</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S. Adoniste JN Robert</b>	
STREET ADDRESS	<b>2012 CABO SAN LUCAS APT 3</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
TITLE	<b>T. Alfredo Edouard</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T. Alfredo Edouard</b>	
STREET ADDRESS	<b>417 SOUTH LEE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Jean Rolland Deler**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 10th 2000**

Daytime Phone # **4074388353**

CR2E037 (9/99)