

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

05-18-2001 91566 025 ****70.00

DOCUMENT # N99000004253

1. Entity Name

APOSTOLIC FAITH FELLOWSHIP CHURCH, INC.



Principal Place of Business

**6868 SILVER STAR ROAD
 ORLANDO FL 32818**

Mailing Address

**2012 CABO SAN LUGAS DRIVE
 APT 103
 ORLANDO FL 32839**

→ Delete

2. Principal Place of Business

3. Mailing Address

6868 Silver star Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32818

U.S.A

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARIUS, ORELIN B
 4938 SANOMA VILLAGE
 ORLANDO, FL 32808**

Name

Darius, Orelin B.

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 **Orelin Darius B.**
 Signature, typed or printed name of registered agent and title if applicable.

Orelin B. Darius
 (NOTE: Registered Agent signature required when reinstating)

8/15/01
 DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELER, ROLAND	
STREET ADDRESS	2012 CABO SAN LUCAS	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHERISTIN, JOEL	
STREET ADDRESS	4938 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, ADONISTE J	
STREET ADDRESS	2012 CABO SAN LUCAS APT 3	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfredo, Edouard	
STREET ADDRESS	7005 ochopee CT.	
CITY-ST-ZIP	Orlando FL. 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Rolland, Deler	
STREET ADDRESS	2012 Cabo San Lucas apt 103	
CITY-ST-ZIP	Orlando FL. 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel, Cheristin	
STREET ADDRESS	1725 Americana blvd apt 255	
CITY-ST-ZIP	Orlando FL. 32839	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Claude, Adonis	
STREET ADDRESS	3106 CR Smith st # 311	
CITY-ST-ZIP	Orlando FL. 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darius, Orelin B	
STREET ADDRESS	4938 Sanoma Village	
CITY-ST-ZIP	Orlando FL. 32808	
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 ROLAND DECLER

8/15/01

407-438.8353

CR2E037 (5/01)