

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004253

1. Entity Name

APOSTOLIC FAITH FELLOWSHIP CHURCH, INC.

**FILED**  
May 21, 2002 8:00 am  
Secretary of State

05-21-2002 90861 016 \*\*\*\*61.25

Principal Place of Business

6868 SILVER STAR ROAD  
ORLANDO FL 32818  
US

Mailing Address

6868 SILVER STAR ROAD  
APT 103  
ORLANDO FL 32818  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3734221

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

ORELIEN, DARIUS B  
4938 SAMONA VILLAGE  
ORLANDO FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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* ORELIE B DARIUS 4/28/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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  
NAME DELER, ROLAND ☐ Delete  
STREET ADDRESS 2012 CABO SAN LUCAS  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME CHERISTIN, JOEL ☐ Delete  
STREET ADDRESS 4938 SANOMA VILLAGE  
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME ALFREDO, EDWARD JR ☐ Delete  
STREET ADDRESS 7005 OCHOPEE CT  
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ROLLAND, DELER JR ☐ Delete  
STREET ADDRESS 2012 CABO SAN LUCAS, APT. #103  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME JOEL, CHERISTIN ☐ Delete  
STREET ADDRESS 1725 AMERICANA BLVD., APT. #253  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME CLAUDE, ADONIS ☒ Delete  
STREET ADDRESS 3106 CR SMITH ST #311  
CITY-ST-ZIP ORLANDO FL 32805

TITLE SD ☐ Change ☒ Addition  
NAME Esnel Alindor  
STREET ADDRESS 3130 Smith Street APT. 210H  
CITY-ST-ZIP Orlando Florida 32805

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*

4-29-02

407-4388353

CR2E037 (9/01)