

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90008 020 \*\*\*\*66.25

**DOCUMENT # N99000004253**

1. Entity Name

APOSTOLIC FAITH FELLOWSHIP CHURCH, INC.



Principal Place of Business

6868 SILVER STAR ROAD  
ORLANDO FL 32818  
US

Mailing Address

6868 SILVER STAR ROAD  
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

MOORE

CR2E037 (11/03)

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  
2920 WHITE MAGNOLIA LOAP  
CLERMONT FL 34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*ORELIEN DARIUS B.*

*Orelie B. Darius*

*04-01-04*

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D  
NAME DELER, JEAN R  
STREET ADDRESS 3751 WATER OAKS DRIVE  
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE SD  
NAME VOLTAIRE, JEAN  
STREET ADDRESS 2012 CABO SAN LUCAS DR., APT. 305  
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE SD  
NAME LAURENT, JEAN  
STREET ADDRESS 2012 CABO SAN LUCAS DR APT 305  
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Jean Rolland Deler ☐ Change ☐ Addition  
STREET ADDRESS 2012 Cabo San Lucas Dr. Apt. 103  
CITY-ST-ZIP Orlando, FL. 32839

TITLE S  
NAME Joël Cheristin ☐ Change ☐ Addition  
STREET ADDRESS 3751 Water Oaks Drive  
CITY-ST-ZIP Orlando, FL. 32818

TITLE T  
NAME Alfredo Edouard ☐ Change ☐ Addition  
STREET ADDRESS 7005 Ochopee Ct  
CITY-ST-ZIP Orlando FL. 32818

TITLE SD  
NAME Jean Voltaire Jean Laurent ☐ Change ☐ Addition  
STREET ADDRESS 2012 Cabo San Lucas Dr. Apt 105  
CITY-ST-ZIP Orlando FL. 32839

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

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

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

*4/01/04*

Date

*407-523-3130*

Daytime Phone #