


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 APT 305 ORLANDO FL 32818 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent ORELIEN, DARIUS B 2920 WHITE MAGNOLIA LOAP CLERMONT FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. Orelien 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELER, EDWARD 2012 CABO SAN LUCAS ORLANDO FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jean Rolland Deler <input type="checkbox"/> Change <input type="checkbox"/> Addition 2012 Cabo san lucas Dr. Apt. 103 Orlando, Fl. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHERISTIN, JOEL 4938 SANOAM VILLAGE ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joël Cheristin <input type="checkbox"/> Change <input type="checkbox"/> Addition 3751 water oaks Drive Orlando, Fl. 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFREDO, EDWARD JR 7005 OCHOPEE CT ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alfredo Edouard <input type="checkbox"/> Change <input type="checkbox"/> Addition 7005 ochopee Ct Orlando Fl. 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELER, JEAN R 3751 WATER OAKS DRIVE ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jean Voltaire Jean Laurent <input type="checkbox"/> Change <input type="checkbox"/> Addition 2012 Cabo san lucas Dr. Apt 105 Orlando Fl. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOLTAIRE, JEAN 2012 CABO SAN LUCAS DR., APT. 305 ORLANDO FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAURENT, JEAN 2012 CABO SAN LUCAS DR APT 305 ORLANDO FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 4/01/04 407-523-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #