

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 037 ****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

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

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 Orelieu B Darius Orelieu B. DARIUS DATE 2/6/2005

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<input type="checkbox"/> Delete
NAME	DELER, JEAN R	
STREET ADDRESS	2012 CABO SAN LUCAS DR APT 103	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHERISTIN, JOEL	
STREET ADDRESS	3751 WATER OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALFREDO, EDWARD JR	
STREET ADDRESS	7005 OCHOPEE CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAURENT, JEAN V	
STREET ADDRESS	2012 CABO SAN LUCAS DR APT 105	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VOLTAIRE, JEAN	
STREET ADDRESS	2012 CABO SAN LUCAS DR., APT. 305	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAURENT, JEAN	
STREET ADDRESS	2012 CABO SAN LUCAS DR APT 305	
CITY-ST-ZIP	ORLANDO FL 32839	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Roland Deler Jean Roland Deler 02-06-05 (407-5233130)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #