

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91072 026 ****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 103
ORLANDO FL 32818
US**

11004775



☐ CHECK HERE IF MAKING CHANGES

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

US

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

ORELIEN DARIUS B.

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

2920 white magnolia Loop

City

Clermont

FL

Zip Code

34711

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.

Orelieu Dm

4-15-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELER, ROLAND 2012 CABO SAN LUCAS ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHERISTIN, JOEL 4938 SANOMA VILLAGE ORLANDO FL 32808	<input type="checkbox"/> Delete
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	D ROLLAND, DELER JR 2012 CABO SAN LUCAS, APT. #103 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOEL, CHERISTIN 1725 AMERICANA BLVD., APT. #253 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALINDOR, ESNEI 3130 SMITH STREET APT 210H ORLANDO FL 32805	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**D Jean Rolland Deler
3751 wateroaks drive
orlando FL 32818**

**S Joël Cheristin
3751 wateroaks drive
orlando, FL 32818**

**SD Jean Voltaire Jean Laurent
2012 Cabo San Lucas dr. Apt. 305
Orlando, FL 32839**

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**

4/15/03

407-523 3130

CR2E037 (10/02)