

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001748

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC6195469138**

**Entity Name:** APOSTOLIC FAITH CHURCH OF GOD INC.

**Current Principal Place of Business:**

757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 02-0739460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEDOR, PARNEL  
757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983 US

*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:** PARNEL MEDOR

04/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MEDOR, PARNEL  
Address 757 NW BRISTOL STREET  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title S  
Name MEDOR, MARIE D  
Address 757 NW BRISTOL STREET  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title T  
Name DURAND, YOLENE  
Address 562 NW CARDINAL DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title VP  
Name MEDOR, SHAQUEENA  
Address 757 NW BRISTOL STREET  
City-State-Zip: PORT SAINT LUCIE FL 34983

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PARNEL MEDOR

**PRESIDENT**

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date