

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004075

**Entity Name:** ACE FAITH KINGDOM FELLOWSHIP, INC.

**Current Principal Place of Business:**

7215A MONETARY DRIVE  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 772603  
ORLANDO, FL 32877 US

**FEI Number:** 20-8874498

**Certificate of Status Desired:** No

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

SELLERS, CLARENCE LSR.  
7215A MONETARY DRIVE  
ORLANDO, FL 32809 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TP  
Name SELLERS, CLARENCE LSR.  
Address PO BOX 772603  
City-State-Zip: ORLANDO FL 32877

Title TV  
Name SELLERS, NORVICE G.  
Address PO BOX 772603  
City-State-Zip: ORLANDO FL 32877

Title TS  
Name PARRISH, ANGELA  
Address PO BOX 772603  
City-State-Zip: ORLANDO FL 32877

Title TR  
Name PALMER, GIGI  
Address PO BOX 772603  
City-State-Zip: ORLANDO FL 32877

Title TR  
Name EASON, JON  
Address PO BOX 772603  
City-State-Zip: ORLANDO FL 32877

*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:** ANGELA PARRISH

**SECRETARY**

**04/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date