

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009613

**FILED**  
**Jan 07, 2024**  
**Secretary of State**  
**8470408395CC**

**Entity Name:** APOSTOLIC FAITH CHURCH, HOUSE OF THE WORD OF GOD, INC.

**Current Principal Place of Business:**

1195 NW 119 ST  
MIAMI, FL 33168

**Current Mailing Address:**

1195 NW 119 ST  
MIAMI, FL 33168 US

**FEI Number:** 45-0576883

**Certificate of Status Desired:** Yes

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

MONTILUS, HELICIE  
360 NW 190TH STREET  
MIAMI GARDENS, FL 33169 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 PC  
Name BORGELLA, JEAN  
Address 15500 NE 15TH CT.  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D/VP  
Name PHELICIN, MARIE  
Address 20410 NE 15TH AVE  
City-State-Zip: MIAMI FL 33179

Title D/T  
Name NOEL, WILMAN DEACON  
Address 332 NE 166TH ST.  
City-State-Zip: MIAMI FL 33162

Title D  
Name PAUL, JOSIER  
Address 1521 NW 182 ST.  
City-State-Zip: MIAMI FL 33169

Title D/S  
Name MONTILUS, HELICIE  
Address 360 NW 190TH STREET  
City-State-Zip: MIAMI GARDNES FL 33169

Title D  
Name LAVIOLETTE, DENISE  
Address 17081 NORTH MIAMI AVE  
City-State-Zip: MIAMI FL 33162

*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:** HELICIE MONTILUS

**AGENT**

**01/07/2024**

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

\_\_\_\_\_  
Date