

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

DOCUMENT# N13000001688

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC8316673470**

**Entity Name:** APOSTOLIC FAITH CHURCH MARANATHA OF ORLANDO INC

**Current Principal Place of Business:**

5040 EDGEWATER DR  
ORLANDO, FL 32810

**Current Mailing Address:**

P.O. BOX 680664  
ORLANDO, FL 32868 US

**FEI Number:** 46-2032888

**Certificate of Status Desired:** Yes

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

CHARLESTON, A. DAVID  
7642 REX HILLS TRAIL  
ORLANDO, FL 32818 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            CEO  
Name            CHARLESTON, A. DAVID  
Address        7642 REX HILLS TRAIL  
City-State-Zip: ORLANDO FL 32818

Title            P  
Name            CHARLESTON, A. DAVID  
Address        7642 REX HILLS TRAIL  
City-State-Zip: ORLANDO FL 32818

Title            VP  
Name            CHARLESTON, MARIE J  
Address        7642 REX HILLS TRAIL  
City-State-Zip: ORLANDO FL 32818

Title            ELDER  
Name            COLAS, GERALD JEAN  
Address        111 SOUTH CENTRAL BLVD  
City-State-Zip: APOPKA FL 32703

Title            TRUSTEE  
Name            ELIE, JEAN STEVENSON  
Address        7037 HIWASSEE OAK  
City-State-Zip: ORLANDO FL 32818

Title            TREASURER  
Name            DORÉLUS, RAYMONDE A.  
Address        6429 JACKWOOD COURT  
City-State-Zip: ORLANDO FL 32818

Title            ASSISTANT SECRETARY  
Name            DORÉLUS, RAYMONDE A.  
Address        6429 JACKWOOD COURT  
City-State-Zip: ORLANDO FL 32818

Title            ASSISTANT PASTOR  
Name            WENDELL, TOUSSAINT J  
Address        2648 RENEGADE DRIVE  
                  104  
City-State-Zip: ORLANDO FL 32818

**Continues on page 2**

*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:** A. DAVID CHARLESTON

**CEO**

**04/15/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name CHARLES, HECTOR  
Address 739 ROYAL LAKE DR  
K 208  
City-State-Zip: ORLANDO FL 32818

Title SECRETARY, ASST. PASTOR  
Name TOUSSAINT, WENDELL JACQUES  
Address 5625 CHUKAR DR  
City-State-Zip: ORLANDO FL 32810