| 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 | Ce |
| News and Address of Osment Devictored Americ | |
| Name and Address of Current Registered Agent: | |

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: APOSTOLIC FAITH CHURCH MARANATHA OF ORLANDO INC

CHARLESTON, A. DAVID 7642 REX HILLS TRAIL ORLANDO, FL 32818 US

DOCUMENT# N13000001688

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

Officer/Director Detail :

| Officer/Director Detail : | | | | | | | |
|---------------------------|----------------------------|---|-----------------|-------------------------------------|--|--|--|
| | Title | CEO | Title | Р | | | |
| | Name | CHARLESTON, A. DAVID | Name | CHARLESTON, A. DAVID | | | |
| | Address | 7642 REX HILLS TRAIL | Address | 7642 REX HILLS TRAIL | | | |
| | City-State-Zip: | ORLANDO FL 32818 | City-State-Zip: | ORLANDO FL 32818 | | | |
| | Title | VP | Title | TRUSTEE | | | |
| | Name | CHARLESTON, MARIE J | Name | ELIE, JEAN STEVE | | | |
| | Address | 7642 REX HILLS TRAIL | Address | 587 WEKIVA CREST DR | | | |
| | City-State-Zip: | ORLANDO FL 32818 | City-State-Zip: | APOPKA FL 32712 | | | |
| | Title | SECRETARY, SECRETARY | Title | TRUSTEE | | | |
| | Name | VIRGILE, RAYMIS JENNIE MRS | Name | CHARLES, HECTOR ASSOCIATE PASTOR | | | |
| | Address City-State-Zip: | 2240 SECTION DRIVE APOPKA FL 32703 | Address | 739 ROYAL LAKE DR K 208 | | | |
| | Title | TREASURER | City-State-Zip: | ORLANDO FL 32818 | | | |
| | Name | DORELUS, RAYMONDE A. | Title | ASST. SECRETARY | | | |
| | | EVANGELISTE | Name | CHARLES, KÉTURA MS. | | | |
| | Address | Address 102 E. 19TH STREET Sity-State-Zip: APOPKA FL 32703 | Address | 739 LAKE CIRCLE APT. K-208 | | | |
| | City-State-∠lp: | APUPKA FL 32/03 | City-State-Zip: | | | | |
| | | | | | | | |

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: CHARLESTON A. DAVID

PASTOR/CEO

03/28/2018

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

.

Officer/Director Detail Continued :

| Title | TRUSTEE, DEACON | Title | TRUSTEE |
|-----------------|--------------------|-----------------|---------------------------------|
| Name | DORÉLUS, JOSE MR. | Name | PETIT-FRÈRE, JEAN MOÏSE DEACON |
| Address | 102 SANDERS STREET | Address | 6490 METRO WEST BLVD APT.828 |
| City-State-Zip: | APOPKA FL 32703 | City-State-Zip: | ORLANDO FL 32835 |