above, or on an attachment with all other like empowered.

SIGNATURE: DR. MARY L. DUCKETT

# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0900004843

Entity Name: A.C.O.J. THEOLOGICAL SEMINARY AND MINISTRY TRAINING CORP.

### **Current Principal Place of Business:**

444 FORD DR ALTAMONTE SPRINGS, FL 32701

### **Current Mailing Address:**

**4875 BEACON STREET** ORLANDO, FL 32808

### FEI Number: 27-0209015

### Name and Address of Current Registered Agent:

DUCKETT, MARY L. DR. 4875 BEACON ST ORLANDO, FL 32808 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	: DR. MARY L. DUCKETT			06/10/2015
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	Р	Title	VP/T	
Name	DUCKETT, MARY L. DR.	Name	DUCKETT, MARSHALL L, DR.	
Address	4875 BEACON STREET	Address	4875 BEACON STREET	
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808	
Title	EXECUTIVE SECRETARY	Title	ASST. TREASURER	
Name	MASSEY, KIMBERLY EVANGELIST	Name	ROLLE, PRESTON BISHOP DR	
Address	2712 SILKWOOD CIRCLE	Address	444 FORD DRIVE	
City-State-Zip:	APT 1016 ORLANDO FL 32818	City-State-Zip:	ALTAMONTE SPRINGS FL 32	701
<b>T</b>		Title	OFFICER	
Title	OFFICER	Name	SMITH, SHONTAE	
Name	EDMOND, JOESPH MR.	Address	1505 SE ROYAL GREEN CIR U	201
Address	4875 BEACON STREET	City-State-Zip:	PORT SAINT LUCIE FL 34952	
City-State-Zip:	FLORIDA FL 32808			

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

06/10/2015

Date

## FILED Jun 10, 2015 Secretary of State CC3451242819

Certificate of Status Desired: No

PRESIDENT/FOUNDER