

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004843

**Entity Name:** A.C.O.J. THEOLOGICAL SEMINARY AND MINISTRY TRAINING CORP.**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC0339269387****Current Principal Place of Business:**444 FORD DR  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**641 S. HIGH STREET  
DELAND, FL 32720 US**FEI Number: 27-0209015****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUCKETT, MARY L. DR.  
641 S. HIGH STREET  
DELAND, FL 32720 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****02/10/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP/T
Name	DUCKETT, MARY L. DR.	Name	DUCKETT, MARSHALL L, DR.
Address	641 S. HIGH STREET	Address	641 S. HIGH STREET
City-State-Zip:	DELAND FL 32720	City-State-Zip:	DELAND FL 32720
Title	EXECUTIVE SECRETARY	Title	ASST. TREASURER
Name	MASSEY, KIMBERLY EVANGELIST	Name	ROLLE, PRESTON BISHOP DR.
Address	2712 SILKWOOD CIRCLE APT 1016	Address	444 FORD DRIVE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	OFFICER		
Name	SMITH, SHONTAE		
Address	1505 SE ROYAL GREEN CIR U201		
City-State-Zip:	PORT SAINT LUCIE FL 34952		

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: DR. MARY L. DUCKETT****PRESIDENT****02/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date