

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004843

Entity Name: A.C.O.J. THEOLOGICAL SEMINARY AND MINISTRY TRAINING CORP.**FILED**
Feb 22, 2014
Secretary of State
CC5575931873**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****Certificate of Status Desired: Yes****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****02/22/2014**

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	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 APT 1016	Address	444 FORD DRIVE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	OFFICER		
Name	EDMOND, JOESPH MR.		
Address	4875 BEACON STREET		
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 above, or on an attachment with all other like empowered.

SIGNATURE: PASTOR DR. MARY DUCKETT**PRESIDENT****02/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date