

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002512

**Entity Name:** THE APOSTOLIC CHURCH OF JESUS OF FELLOWSHIP  
MINISTRIES, INC.**FILED**  
**Jul 02, 2018**  
**Secretary of State**  
**CC6538583595****Current Principal Place of Business:**444 FORD DRIVE  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**444 FORD DRIVE  
ALTAMONTE SPRINGS, FL 32701**FEI Number: 81-1461085****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROLLE, APOSTLE P SR.  
444 FORD DRIVE  
ALTAMONTE SPRINGS, FL 32701 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 DP  
Name ROLLE, APOSTLE P SR.  
Address 444 FORD DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title DS  
Name WILSON, ELEANOR CLERK  
Address 400 BASWOOD LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title D  
Name OLIVER, BETTY  
Address 116 SPRING STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title GS  
Name ROLLE, JAMES SR.  
Address 1853 BETHEL LANE  
City-State-Zip: ORLANDO FL 32811Title D  
Name LANCEFIELD, ROSE  
Address 452 FORD DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title GS  
Name ROLLE, JAMES SR.  
Address 1853 BETHEL LANE  
City-State-Zip: ORLANDO FL 32811

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: ELEANOR WILSON****CHURCH CLERK****07/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date