

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 08 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 824547 (4)**  
 1. Corporation Name  
**THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH**



|   |   |
|---|---|
| Principal Place of Business<br>%REV RUBY E HOLMES.PRES<br>4456 KENNDLE CIRCLE BOX 9378<br>JACKSONVILLE FL 32208 | Mailing Address<br>PO BOX 9378<br>JACKSONVILLE FL 32208 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| 22 Suite, Apt. #, etc.               | 27 Suite, Apt. #, etc.    |
| 23 City & State                      | 28 City & State           |
| 24 Zip                               | 29 Zip                    |
| 25 Country                           | 30 Country                |

|  |                                       |
|--|---------------------------------------|
| 3. Date incorporated or Qualified<br>05/18/1970  | 3a. Date of Last Report<br>02/12/1996 |
| 4. FEI Number<br>59-1316766  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**HOLMES,RUBY ETTA  
 9624 GISBORNE DR  
 JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOLMES, RUBY ETTA (REV.)           | 1.2 NAME  | <i>Rev. Ruby Etta Holmes-Patterson</i>                                       |
| STREET ADDRESS             | 9624 GISBORNE DR                   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32208              | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   |  |
| NAME                       | WILLIAMS, EDDIE BISHOP             | 2.2 NAME  |  |
| STREET ADDRESS             | 629 GOLFAIR DRIVE                  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32208              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLIAMS, CHRISTA                  | 3.2 NAME  |  |
| STREET ADDRESS             | 629 GOLFAIR BLVD.                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32206              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HOLMES, RUBY ETTA                  | 4.2 NAME  |  |
| STREET ADDRESS             | 9624 GISBORNE DR                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | YOUNG, ALPHONSO BISHOP             | 5.2 NAME  |  |
| STREET ADDRESS             | 1458 LOGAN STREET                  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32209              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | YOUNG, GWENDOLYN                   | 6.2 NAME  |  |
| STREET ADDRESS             | 1458 LOGAN STREET                  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32209              | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

*Ruby E. Holmes* 7/27/97

CP2E037 (4/97)