

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 824547 (4)**  
1. Corporation Name  
**THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH**



Principal Place of Business <b>REV RUBY E HOLMES PRES 4456 KENNEDY CIRCLE BOX 9378 JACKSONVILLE FL 32208</b>	Mailing Address <b>PO BOX 9378 JACKSONVILLE FL 32208</b>
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3. Date Incorporated or Qualified  
**05/18/1970**

4. FEI Number  
**59-1316766**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HOLMES, RUBY ET TA  
9624 GIBBORNE 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	FL 85 Zip Code

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD REV. RUBY ET TA HOLMES-PATERSON 9624 GIBBORNE DR JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD WILLIAMS, EDDIE BISHOP 629 GOLFAIR DRIVE JACKSONVILLE FL 32206</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD WILLIAMS, CHRISTA 629 GOLFAIR BLVD. JACKSONVILLE FL 32206</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HOLMES, RUBY ET TA 9624 GIBBORNE DR JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D YOUNG, ALPHONSO BISHOP 1458 LOGAN STREET JACKSONVILLE FL 32209</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T YOUNG, GWENDOLYN 1458 LOGAN STREET JACKSONVILLE FL 32209</b>	<input type="checkbox"/> DELETE	

1.1 TITLE	<b>Lewis Patterson</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	<b>9624 Gisborne Dr.</b>		
1.3 STREET ADDRESS	<b>JAX, FL 32208</b>		<b>Business Manager</b>
1.4 CITY - ST - ZIP			
2.1 TITLE	<b>Marcia L. Smith</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>322 W. 11th St.</b>		
2.3 STREET ADDRESS	<b>JAX, FL 32206</b>		<b>Corresponding Secretary</b>
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I 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.

SIGNATURE: *Gwendolyn Young* **4-14-98** **904-355-0631**

CR2E037 (10/97)