1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824547

1. Corporation Name

THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH

Principal Place of Business %REV RUBY E HOLMES.PRES 4456 KENNDLE CIRCLE BOX 9378 JACKSONVILLE FL 32208 Mailing Address

PO BOX 9378 JACKSONVILLE FL 32208

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90258 031 ****61.25



— '	lace of Business	2a. Mailing Addr	ess			05/18/1970		•		
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		App	lied For	
== ·, · · · · · · · · · · · · · · · ·		27	7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			59-1316766		Not	Applicable	
City & Stat						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip	. Country Zip 29 36			Country		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	Halle Mid Addioss of Cartella	g		81	Name					
HOLNICO DI IDVIETTA					82 Street Address (P.O. Box Number is Not Acceptable)					
HOLMES,RUBY ETTA 9624 GISBORNE DR JACKSONVILLE FL 32208					82 Street Address (P.O. Box Number is Not Acceptable)					
					City	City FL 85 Zip Code				
					office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of	Florida. Such chan	ge was authorize	י עם מי	-named corpo the corporation
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.	0503, Florida Sta	tutes.	•					
SIGNATURE	Ol and the second and	and title if applicable	(NOTE: Recister	ul Anant	signature required	when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-				13.		ADDITIONS/CHANGES TO OF	ICERS A	ND DIRECTO	RS IN 12	
TITLE	PD		ELETE 1.11	ITILE				Change	☐ Addition	
NAME	REV. RUBY ETTA HOLMES-PATTI	FRSON	1.21	NAME						
STREET ADDRESS		LITOIT	1.39	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.40	CITY-ST	-ZiP					
TITLE	VD	□ D	☐ DELETE 2.1 TI					Change	Addition	
NAME	WILLIAMS, EDDIE BISHOP		2.21	2.2 NAME						
STREET ADDRESS	A A		233	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.4	CITY-ST	T-ZIP					
TITLE	SD DELETE		ELETE 3.1	3.1 TITLE				Change	☐ Addition	
NAME	WILLIAMS, CHRISTA		3.21	NAME						
STREET ADDRESS	l		3.3 8	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32206		3.4.	CITY- ST	r-zip					
TITLE	D DELETE		ELETE 4.1	4.1 TITLE				Change	☐ Addition	
NAME	HOLMES, RUBY ETTA		4. 2	NAME						
STREET ADDRESS	9624 GISBORNE DR		4.3	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST	-ZIP					
TITLE	D		ELETE 5.1	TITLE				☐ Change	Addition	
NAME	YOUNG, ALPHONSO BISHOP			NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-ST	-ZIP					
TITLE	Τ		ELETE 6.1	TITLE				Change	☐ Addition	
NAME	YOUNG, GWENDOLYN		6.2	NAME	ĺ					
STREET ADDRESS	I i		6.3	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32209		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, with all other like empowered.

SIGNATURE:

SIGNATURE RECURETION YOUR SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5-10-99 Date 904- 127-3797-

R2E037 (11/98)