


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90063 016 ****61.25

DOCUMENT # 824547
 1. Entity Name
THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH



Principal Place of Business: **JESUS NAME ASSEMBLY JACKSONVILLE FL 32208**
 Mailing Address: **4456 KENNALE CIRCLE JACKSONVILLE FL 32208**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-1316766**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
HOLMES-PATTERSON, RUBY E
9624 GISBORNE DR
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REV. RUBY ETTA HOLMES-PATTERSON 9624 GISBORNE DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, EDDIE BISHOP 629 GOLFAIR DRIVE JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CHRISTA 629 GOLFAIR BLVD. JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS SMITH, MARCIA 322 W 11TH STREET JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM YOUNG, ALPHONSO BISHOP 1458 LOGAN STREET JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, GWENDOLYN 1458 LOGAN STREET JACKSONVILLE FL 32209	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME correction Alfonza Young	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn Young* **Gwendolyn Young** 2/18/04 904 764-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #