


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 824547 1. Entity Name THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH	
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Principal Place of Business JESUS NAME ASSEMBLY JACKSONVILLE FL 32208	Mailing Address 4456 KENNALE CIRCLE JACKSONVILLE FL 32208
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1316766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME REV. RUBY ETTA HOLMES-PATTERSON <input type="checkbox"/> Delete STREET ADDRESS 9624 GISBORNE DR CITY-ST-ZIP JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U00000220142 02/08/05-80051-013 61.25 </div>
TITLE VP	NAME WILLIAMS, EDDIE BISHOP <input type="checkbox"/> Delete STREET ADDRESS 629 GOLFAIR DRIVE CITY-ST-ZIP JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME WILLIAMS, CHRISTA <input type="checkbox"/> Delete STREET ADDRESS 629 GOLFAIR BLVD. CITY-ST-ZIP JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE OS	NAME SMITH, MARCIA <input type="checkbox"/> Delete STREET ADDRESS 322 W 11TH STREET CITY-ST-ZIP JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM	NAME YOUNG, ALFONZA <input type="checkbox"/> Delete STREET ADDRESS 1458 LOGAN STREET CITY-ST-ZIP JACKSONVILLE FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME YOUNG, GWENDOLYN <input type="checkbox"/> Delete STREET ADDRESS 1458 LOGAN STREET CITY-ST-ZIP JACKSONVILLE FL 32209		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 2/1/05 904-768-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Lifetime Phone #)