

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 042 ****70.00

DOCUMENT # 824547

1. Entity Name
THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH



Principal Place of Business
**4456 KENNAL CIRCLE
JACKSONVILLE, FL 32208**

Mailing Address
**4456 KENNAL CIRCLE
JACKSONVILLE, FL 32208**

60028903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 - Chg-NP - CR2E037 (11/05) - - -

City & State

City & State

4. FEI Number
59-1316766

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMES-PATTERSON, RUBY E
9624 GISBORNE DR
JACKSONVILLE, FL 32208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REV. RUBY ET TA HOLMES-PATTERSON
STREET ADDRESS 9624 GISBORNE DR
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WILLIAMS, EDDIE BISHOP
STREET ADDRESS 629 GOLFAIR DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WILLIAMS, CHRISTA
STREET ADDRESS 629 GOLFAIR BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OS ☐ Delete
NAME SMITH, MARCIA
STREET ADDRESS 322 W 11TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☐ Delete
NAME YOUNG, ALFONZA
STREET ADDRESS 1458 LOGAN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME YOUNG, GWENDOLYN
STREET ADDRESS 1458 LOGAN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Treasurer 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

904-768-5883