


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

000000701515
 04/20/07-80062-009 61.25

10. OFFICERS AND DIRECTORS

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

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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 42/07 904 768-5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #