

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 25, 2004  
Secretary of State**

DOCUMENT# N00000007711

**Entity Name:** THE APOSTLE FAITH MIRACLE CHURCH INC.

**Current Principal Place of Business:**

529 S. MCDUFF AVE.  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

529 S. MCDUFF AVE.  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, BISHOP A SR  
4430 MELVIN CIRCLE WEST  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: JONES, BISHOP A SR  
Address: 4430 MELVIN CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete  
Name: JONES, MURRIA M  
Address: 4430 MELVIN CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: FELDER, MARILYN  
Address: 462 WADE DR.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete  
Name: MARSHALL, SHARRON  
Address: 5222 PARIS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: WILLIAMS, ANGELA  
Address: 349 SMITH ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: FRAZIER, JOHNNIE  
Address: 2824 1ST STREET  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BISHOP A. L. JONES SR

T

07/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date