

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00376 (6)

1. Corporation Name

**NEW MT. ARARAT APOSTOLIC CHURCH OF GOD FOR ALL P
EOPLE, INC.**



Principal Place of Business

Mailing Address

**2018 W 9TH ST
JACKSONVILLE FL 32209
US**

**2461 W. 28TH STREET
JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified

12/15/1983

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2364928

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, DOROTHY
2461 W. 28TH STREET
JACKSONVILLE FL 32209**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **ROBERTS, DOROTHY**
STREET ADDRESS **2461 W. 28TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **Trustee** Change Addition
1.2 NAME **Lucinda Jones**
1.3 STREET ADDRESS **801 Tammy Cove Lane**
1.4 CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **TD** DELETE
NAME **LOMAN, LESLIE**
STREET ADDRESS **2461 W. 28TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **Trustee** Change Addition
2.2 NAME **Mary Williams**
2.3 STREET ADDRESS **2044 Yulee Str**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **SD** DELETE
NAME **COLLINS, ELEANOR**
STREET ADDRESS **7614 MELISSA COURT N**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **Trustee** Change Addition
3.2 NAME **Robert Roberts Jr.**
3.3 STREET ADDRESS **2461 W. 28th Street**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **D** DELETE
NAME **THORNTON, CALETHIA**
STREET ADDRESS **2138 WEST 18TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **Trustee** Change Addition
4.2 NAME **Gregory Roberts**
4.3 STREET ADDRESS **2461 W. 28th Str.**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **D** DELETE
NAME **MANIGUALT, DAVID**
STREET ADDRESS **133 WEST 43RD STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **Trustee** Change Addition
5.2 NAME **Marshall Higgs**
5.3 STREET ADDRESS **8053 Earth Drive**
5.4 CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME **00001784400**
6.3 STREET ADDRESS **-04/17/96--01084--006**
6.4 CITY-ST-ZIP *****70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dorothy Roberts - Pastor - 03-27-96-904-354-5974**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)