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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32209-3465

3. Date Incorporated or Qualified 12/15/1983
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

4. FEI Number 59-2364928 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBERTS, DOROTHY
2461 W. 28TH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, DOROTHY	1.2 NAME	Robert Roberts Jr
STREET ADDRESS	2461 W. 28TH ST.	1.3 STREET ADDRESS	2461 W. 28th St.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMAN, LESLIE	2.2 NAME	Marshall Higgs
STREET ADDRESS	2461 W. 28TH ST.	2.3 STREET ADDRESS	5635 Eartha Drive
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, ELEANOR	3.2 NAME	Eric Glver
STREET ADDRESS	7614 MELISSA COURT N	3.3 STREET ADDRESS	11501 Hart's Rd Apt 1001
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	JACKSONVILLE FL 32218
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNTON, CALETHIA	4.2 NAME	Mary William
STREET ADDRESS	2138 WEST 18TH STREET	4.3 STREET ADDRESS	1103 Kennard St
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANIQUALT, DAVID	5.2 NAME	Terrance Missick
STREET ADDRESS	133 WEST 43RD STREET	5.3 STREET ADDRESS	1398 Shearwater Drive
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	JACKSONVILLE FL 32218
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LUCINDA	6.2 NAME	Charles Gauden
STREET ADDRESS	801 TAMMY COVE LANE	6.3 STREET ADDRESS	2311 W. 16th Str.
CITY - ST - ZIP	JACKSONVILLE FL 32218	6.4 CITY - ST - ZIP	JACKSONVILLE FL 32209

14. I do 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 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 *Dorothy Roberts* 04-13-97-9043545974

CR2E037 (9/96)