

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 23 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # **N00376**
1. Corporation Name
New Mt. Ararat Apostolic Church of God For All People, Inc.

Principal Place of Business Mailing Address
**2018 W. 9th Street
Jacksonville, FL 32209**

3. Date Incorporated or Qualified
12-15-83

4. FEL Number Applied For
59-2364928 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**Dorothy Roberts
2461 W. 28th Street
Jacksonville Florida 32209**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500002570223
-06/23/98-01107-014**
84 City *****61.25** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.003 and 617.004, 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 consent of its board of directors. I hereby accept the appointment as registered agent of an individual, and accept the provisions of Sections 617.003, Florida Statutes.

SIGNATURE **Dorothy Roberts** 2461 West 28th St. 5/11/98
Signature, typed or printed name of signing officer or director (NOTE: Registered Agent Signature is not required)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Dorothy Roberts	
STREET ADDRESS	2461 W. 28th Street	
CITY - ST - ZIP	Jacksonville FL 32209	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Hestie Loman	
STREET ADDRESS	2461 W. 28th Street	
CITY - ST - ZIP	Jacksonville FL 32209	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	Eleanor Collins	
STREET ADDRESS	1114 Melissa Court N.	
CITY - ST - ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Calethia Thurnton	
STREET ADDRESS	2138 W. 18th Street	
CITY - ST - ZIP	Jacksonville FL 32209	
TITLE	T	<input type="checkbox"/> DELETE
NAME	David Manigault	
STREET ADDRESS	2138 W. 18th Street	
CITY - ST - ZIP	Jacksonville, FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Robert Roberts	
STREET ADDRESS	2461 W. 28th Street	
CITY - ST - ZIP	Jacksonville, FL 32209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tucinda Jones
1.3 STREET ADDRESS	801 Tammy Cove Lane
1.4 CITY - ST - ZIP	Jacksonville FL 32218
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gregory Roberts
2.3 STREET ADDRESS	2461 W. 28th Street
2.4 CITY - ST - ZIP	Jacksonville, FL 32209
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marshall Higgs
3.3 STREET ADDRESS	5635 Eartha Drive Jacksonville, FL 32209
3.4 CITY - ST - ZIP	32209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terrance Missick
4.3 STREET ADDRESS	1398 Shearwater Jacksonville, FL 32218
4.4 CITY - ST - ZIP	32218
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eric Glover (N/A)
5.3 STREET ADDRESS	P.O. Box 551658
5.4 CITY - ST - ZIP	Jax FL 32255
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mary Williams
6.3 STREET ADDRESS	2461 W. 28th Street
6.4 CITY - ST - ZIP	Jacksonville, FL 32209

14. I 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, Pastor**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98
Date Daytime Phone #

CFR2E037 (10/97)