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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00376

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/15/1983

22 City & State

27 City & State

4. FEI Number
59-2364928

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

24 25

29 30

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

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 T DELETE
NAME JONES, LUCINDA
STREET ADDRESS 801 TAMMY COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME ROBERTS, GREGORY
STREET ADDRESS 2461 W. 28TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME HIGGS, MARSHALL
STREET ADDRESS 5635 EARTH A DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME MISSICK, TERRANCE
STREET ADDRESS 1398 SHEARWATER
CITY-ST-ZIP JACKSONVILLE FL 32218

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME GLOVER, ERIC
STREET ADDRESS PO BOX 551658 ((N/A))
CITY-ST-ZIP JACKSONVILLE FL 32255

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T DELETE
NAME WILLIAMS, MARY
STREET ADDRESS 2461 W 28TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 354-5974
Date Daytime Phone #

CR2E037 (1/98)