

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90043 049 \*\*\*\*61.25

**DOCUMENT # N00376**

1. Entity Name

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

Principal Place of Business

Mailing Address

2018 W 9TH ST  
 JACKSONVILLE FL 32209  
 US

2461 W. 28TH STREET  
 JACKSONVILLE FL 32209-3465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2364928**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, LUCINDA		NAME	
STREET ADDRESS 801 TAMMY COVE LANE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, GREGORY		NAME	
STREET ADDRESS 2461 W. 28TH ST.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGGS, MARSHALL		NAME	
STREET ADDRESS 5635 EARTHA DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MISSICK, TERRANCE		NAME	
STREET ADDRESS 1398 SHEARWATER		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLOVER, ERIC		NAME	
STREET ADDRESS PO BOX 551658 ((N/A))		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32255		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, MARY		NAME	
STREET ADDRESS 2461 W 28TH STREET		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Roberts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-30-00  
 Daytime Phone #: 904-354-5974