

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90001 020 ****61.25



DOCUMENT # N00376
 1. Entity Name
NEW MT. ARARAT APOSTOLIC CHURCH OF GOD FOR ALL PEOPLE, INC.

Principal Place of Business Mailing Address
 2018 W 9TH ST 2461 W. 28TH STREET
 JACKSONVILLE FL 32209 JACKSONVILLE FL 32209
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2364928 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	JONES, LUCINDA <input type="checkbox"/> Delete	TITLE NAME	Weslie W. Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	801 TAMMY COVE LANE	STREET ADDRESS	2551 Summit Lake Drive
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	JAX FLA-32257
TITLE NAME	ROBERTS, GREGORY <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	2461 W. 28TH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE NAME	HIGGS, MARSHALL <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	5635 EARTH A DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE NAME	MISSICK, TERRANCE <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	1398 SHEARWATER	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE NAME	GLOVER, ERIC <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	PO BOX 551658 ((N//A))	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32255	CITY-ST-ZIP	
TITLE NAME	WILLIAMS, MARY <input type="checkbox"/> Delete	TITLE 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 another like empowered.

SIGNATURE: Dorothy Roberts - Dorothy Roberts Date: FEB 7 2004 Daytime Phone #: (904) 354-5974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR