


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-12-2006 90166 005 ****61.00
N00376

DOCUMENT # N00376					
1. Entity Name NEW MT. ARARAT APOSTOLIC CHURCH OF GOD FOR ALL PEOPLE, INC.					
Principal Place of Business 2018 W 9TH ST JACKSONVILLE, FL 32209 US			Mailing Address 2461 W. 28TH STREET JACKSONVILLE, FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2364928	
Z'o		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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's Not Accepted) City FL Z'o 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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 (If 10)		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JONES, LUCINDA 801 TAMMY COVE LANE JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROBERTS, GREGORY 2461 W. 28TH ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HIGGS, MARSHALL 5635 EARTH A DRIVE JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MISSICK, TERRANCE 1398 SHEARWATER JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GLOVER, ERIC PO BOX 551658 ((N/A)) JACKSONVILLE, FL 32255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WILLIAMS, MARY 2461 W 28TH STREET JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or subsequent 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 a title, or as empowered.					
SIGNATURE: <u>Dorothy Roberts</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
06 05 18 PM 12:38
06 05 18 PM 12:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2364928

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number's Not Accepted)
City
FL Z'o Code

SIGNATURE _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006 **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 (If 10)		
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SIGNATURE: Dorothy Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40000896

N00376

New Mt. Ararat Apostolic Church of God for All People, Inc.

2018 West 9th Street, Jacksonville, Florida 32209-5201

Phone: (904) 632-1912

Fax: (904) 632-0739

Dr. Dorothy M. Roberts, Founder and Pastor

Please delete the following Trustee: Mary Williams (Deceased – January 31, 2004)
2461 West 28th Street
Jacksonville, FL 32209

Please add the following New Trustees: Leslie Loman-Williams
5221 Summit Lake Drive
Jacksonville, FL 32258

LaVell Williams
5221 Summit Lake Drive
Jacksonville, FL 32258

Robert Roberts, Jr.
2461 West 28th Street
Jacksonville, FL 32209

Thank you

Dr. Dorothy Roberts, Pastor

Leslie Loman-Williams
Church Administrator