


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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	



01132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2364928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent ROBERTS, DOROTHY 2461 W. 28TH STREET JACKSONVILLE, FL 32209	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LUCINDA 801 TAMMY COVE LANE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, GREGORY 2461 W. 28TH ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LOMAN-WILLIAMS, LESLIE 5221 SUMMIT LAKE DRIVE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MISSICK, TERRANCE 1398 SHEARWATER JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILLIAMS, LAVELL 5221 SUMMIT LAKE DRIVE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERTS, ROBERT JR 2461 WEST 28TH STREET JACKSONVILLE, FL 32209

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01/30/07-80041-020 70.00

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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 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 - Dorothy Roberts* **1/22/07** ⁹⁰⁴ *(304-5974)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #