


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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
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04232008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000937619 05/27/08-80058-018 70.00
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10. OFFICERS AND DIRECTORS

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

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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 4/27/08 (904)354-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #