

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# N00376

Entity Name: NEW MOUNT ARARAT APOSTOLIC ANGELICAL MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2018 W 9TH ST
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

2461 W. 28TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2364928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JONES, LUCINDA
Address: 801 TAMMY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: ROBERTS, GREGORY
Address: 2461 W. 28TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: TR () Delete
Name: LOMAN-WILLIAMS, LESLIE
Address: 5221 SUMMIT LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: MISSICK, TERRANCE
Address: 1398 SHEARWATER
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR () Delete
Name: WILLIAMS, LAVELL
Address: 5221 SUMMIT LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: TR () Delete
Name: ROBERTS, ROBERT JR
Address: 2461 WEST 28TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: LOMAN-WILLIAMS, LESLIE
Address: 6425 HUNTSCOTT PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: WILLIAMS, LAVELL
Address: 6425 HUNTSCOTT PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. ROBERTS

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date