

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000003432

1. Entity Name

REHOBOTH APOSTOLIC MINISTRY CHURCH, INC.



**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
8720 BISHOPWOOD DR. WEST  
JACKSONVILLE FL 32244-6000

Mailing Address  
8720 BISHOPWOOD DR. WEST  
JACKSONVILLE FL 32244-6000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 56-2305365  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JOHN H  
8720 BISHOPWOOD DR. WEST  
JACKSONVILLE FL 32244-6000

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENSON, ROBIN M	
STREET ADDRESS	8720 BISHOPWOOD DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	E	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN H	
STREET ADDRESS	8720 BISHOPWOOD DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	STOKES, VIRGINIA M	
STREET ADDRESS	8720 BISHOPWOOD DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, DESIREE K	
STREET ADDRESS	8720 BISHOPWOOD DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME	JACKSON, DORIS M	
STREET ADDRESS	8720 BISHOPWOOD DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000315542  
04/19/05-80040-002 61.25

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/05