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CORPORATION  
- ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28078 (6)**  
1. Corporation Name  
**ASSEMBLY OF JESUS CHRIST INC.**

Principal Place of Business Mailing Address  
**1212 N. 25TH ST. FORT PIERCE FL 34950** **307 S. 14TH ST. FT. PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/26/1988</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>65-0047539 593241160</b>		Applied For Not Applicable	
2. Principal Place of Business 21 Suits, Apt #, etc 22 City & State 23 ZIP Country		2a. Mailing Address 26 Suits, Apt #, etc 27 City & State 28 ZIP Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HART, LENARD 1703 N. 43RD ST. FORT PIERCE FL 34947</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, Type or Printed Name of Registered Agent, and the Registered Agent's Title) \_\_\_\_\_ (Signature, Type or Printed Name of Registered Agent, and the Registered Agent's Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDERS, LORENZIA</b>	12 NAME	<b>Lou Bertha Dixon</b>
STREET ADDRESS	<b>307 SOUTH 14TH STREET</b>	13 STREET ADDRESS	<b>1304 North 23rd Street</b>
CITY ST ZIP	<b>FT. PIERCE FL 34950</b>	14 CITY ST ZIP	<b>Fort Pierce FL 34950</b>
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, LENARD</b>	22 NAME	
STREET ADDRESS	<b>1703 N. 43RD ST.</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>FT. PIERCE FL 34947</b>	24 CITY ST ZIP	
TITLE	<b>S</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, MARY H.</b>	32 NAME	
STREET ADDRESS	<b>1703 N 43RD STREET</b>	33 STREET ADDRESS	
CITY ST ZIP	<b>FT. PIERCE FL 34947</b>	34 CITY ST ZIP	
TITLE	<b>S</b>	41 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, VERNETTA</b>	42 NAME	<b>Vernetta sanders</b>
STREET ADDRESS	<b>307 SOUTH 14TH STREET</b>	43 STREET ADDRESS	<b>307 S. 14th Street</b>
CITY ST ZIP	<b>FT. PIERCE FL</b>	44 CITY ST ZIP	<b>Fort Pierce FL 34950</b>
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOYLMAN, HAZEL</b>	52 NAME	
STREET ADDRESS	<b>1713 ANECI ST.</b>	53 STREET ADDRESS	
CITY ST ZIP	<b>PORT ST. LUCIE FL 34983</b>	54 CITY ST ZIP	
TITLE	<b>T</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOYLMAN, KEITH</b>	62 NAME	
STREET ADDRESS	<b>1713 ANECI ST.</b>	63 STREET ADDRESS	
CITY ST ZIP	<b>PORT ST. LUCIE FL 34983</b>	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(B), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made on the 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 12 or Block 13 if checked, on an attachment with an address.

SIGNATURE: *Lorenzia Sanders* *Lorenzia Sanders* **4/16/95** **466-4953**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR