

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42094 (5)
1. Corporation Name
THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.

Principal Place of Business Mailing Address
2351 N EDGEWOOD AVE JACKSONVILLE FL 32205 US
C/O MINSTER MURRY HOLLOMAN 4741 CASTLEWOOD DR. E. JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3062468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**HOLLOMAN, THELMA L.
4741 CASTLEWOOD DR E
N
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent 81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
T NAME BLACK, ALBERT STREET ADDRESS 1359 W 31 ST CITY - ST - ZIP JACKSONVILLE FL	
DR NAME HOLLOMAN, THELMA STREET ADDRESS 4741 CASTLEWOOD DR. E. CITY - ST - ZIP JACKSONVILLE FL	
DS NAME PECK, ZELINA STREET ADDRESS 7840 JEFF DR. CITY - ST - ZIP JACKSONVILLE FL	
D NAME HUNT, BARBARA STREET ADDRESS 4816 MONCIEF RD. APT 2 CITY - ST - ZIP JACKSONVILLE FL	
D NAME GOINS, ANGELA STREET ADDRESS 2488 WILMONT AVE. CITY - ST - ZIP JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME Delete	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME TERESSA MCKINNON	
4.3 STREET ADDRESS 1502 N PEARL ST.	
4.4 CITY - ST - ZIP JACKSONVILLE, FL 32206	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Angela A. Goins Angela A. Goins 4/29/95 904-766-7373
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date District Phone #