

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42094 (5)**  
1. Corporation Name  
**THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.**



Principal Place of Business <b>2351 N EDGEWOOD AVE JACKSONVILLE FL 32205 US</b>	Mailing Address <b>P.O. BOX 3322 JACKSONVILLE FL 32206-0322 US</b>
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3. Date Incorporated or Qualified <b>02/15/1991</b>	3a. Date of Last Report <b>05/09/1996</b>
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2. Principal Place of Business <b>21 8351 Edgewood Ave</b>	2a. Mailing Address <b>26 North</b>
Suite, Apt. #, etc. <b>22 Jacksonville, FL</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24 32254</b>	Country <b>25 Duval</b>
	Zip <b>29</b>
	Country <b>30</b>

4. FEI Number <b>59-3062468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Thelma Holloman*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>BLACK, ALBERT</b>	<b>1359 W 31 ST</b>	<b>JACKSONVILLE FL</b>	
	<b>S ANTIONETTE BOLDEN</b>	<b>1421 W 33ST</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
	<b>D MCKINNON, TERESSA</b>	<b>1502 N. PEARL ST.</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
	<b>DP GOINS, ANGELA</b>	<b>2486 WILMONT AVE.</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Carolyn Rice</b>
1.3 STREET ADDRESS	<b>4741 Castlewood Dr E</b>
1.4 CITY-ST-ZIP	<b>Jax, FL 32206</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Theresia McKinnon</b>
3.3 STREET ADDRESS	<b>3130 Perry St</b>
3.4 CITY-ST-ZIP	<b>Jackson, FL 32206</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4-18-97 904-766-7373  
Signature and typed or printed name of signing officer or director Date Daytime Phone 6004887

CR2E037 (9/96)