

FILE NOW: FILING FEE IS \$61.25

1100

FILED  
Apr 30 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>2351 EDGEWOOD AVE. NORTH<br/>JACKSONVILLE FL 32254<br/>US</b> | Mailing Address<br><b>P.O. BOX 3322<br/>JACKSONVILLE FL 32206<br/>US</b> |
|---|--|

3. Date Incorporated or Qualified  
**02/15/1991**

4. FEI Number  
**59-3062468**

|                |  |
|----------------|--|
| Applied For    |  |
| Not Applicable |  |

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

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No *N/A*

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

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>Y</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RICE, CAROLYN</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4741 CASTLEWOOD DR. E.</b>             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANTIONETTE BOLDEN</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1421 W 33ST</b>                        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCKINNON, TERESSA</b>                  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3130 PERRY ST.</b>                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOINS, ANGELA</b>                      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2406 WILMONT AVE.</b>                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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 D. Goins* *January 21, 1998*

CR2E037 (10/97)