

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

0001010

DOCUMENT # **N42094**

1. Entity Name

THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.



05-18-2001 91272 001 ****61.25
 05-18-2001 91272 002 ****8.75

Principal Place of Business

Mailing Address

**2351 EDGEWOOD AVE. NORTH
 JACKSONVILLE FL 32254
 US**

**P.O. BOX 3322
 JACKSONVILLE FL 32206
 US**

2. Principal Place of Business

3. Mailing Address

2351 Edgewood Ave N.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip *32254*

Country *Duval*

Zip

Country

4. FEI Number

59-3062468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLLOMAN, THELMA L
 4741 CASTLEWOOD DR E
 N
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name *Angela A. Goins*
 Street Address (P.O. Box Number is Not Acceptable) *11249 Harts Road Apt. 2301*
 City *Jacksonville, FL* Zip Code *32218*

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.

SIGNATURE *Angela A. Goins*

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

(NOTE: Registered Agent signature required when reinstating)

7-12-01

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICE, CAROLYN	
STREET ADDRESS	4741 CASTLEWOOD DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANTIONETTE BOLDEN	
STREET ADDRESS	1421 W 33ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNON, TERESSA	
STREET ADDRESS	3130 PERRY ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GOINS, ANGELA	
STREET ADDRESS	2466 WILMONT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	<i>Mr. Murry Holloman</i>	
STREET ADDRESS	<i>4741 Castlewood Drive, EAST</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32206</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Angela A. Goins* SIGNATURE REQUIRED

7-12-01 904766-BB

CR2E037 (5/01)

5/18/01-91272-001-\$61.25-\$61.25
 5/18/01-91272-002-\$8.75-\$8.75
 * 5/1:

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment Doc#
 N42094
 71844

DOCUMENT # N42094
 1. Entity Name
 The Assembly of Jesus Christ
 Ministry, INC.

Principal Place of Business Mailing Address
 2357 Edgewood AVE, North P.O. Box 3322
 Jacksonville, FL 32254 Jacksonville, FL
 US 45 32206

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

4. FEI Number 59-3062468 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 Angela Goins
 11291 Harts Rd Apt. 2204
 Jacksonville Fla 32218

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.
 SIGNATURE Angela A. Goins DATE 7/2-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: ~~FEE IS \$61.25~~ 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
	Theresa McKinnon	3130 Perry St.	Jax, FL 32206	<input type="checkbox"/> Delete
	Antionette Bolden	4833 Spottswood Rd	Jacksonville, FL 32208	<input type="checkbox"/> Delete
	Angela Goins	11291 Harts Road - Apt 2204	Jacksonville, FL 32218	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Angela Goins	11291 Harts Road Apt 2301	Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Mr. Murray Holloman	4741 Castlewood Dr. E.	Jax, FL 32206	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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: Angela A. Goins DATE 4/25/01 904 766 7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/00)

Attachment
Doc# N42094
76844



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 27, 2001

THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.
P.O. BOX 3322
JACKSONVILLE, FL 32206 US

Subject: THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.

Reference N42094
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA
ANNUAL REPORTS SECTION