

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90664 041 ****70.00

DOCUMENT # N42094

1. Entity Name

THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.

Principal Place of Business

Mailing Address

2357 EDGEWOOD AVENUE NORTH
 JACKSONVILLE FL 32254
 US

P.O. BOX 3322
 JACKSONVILLE FL 32206
 US

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOINS, ANGELA A.
11291 HARS ROAD
APT 2301
JACKSONVILLE FL 32218

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*

2-17-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S ANTIONETTE BOLDEN**
 STREET ADDRESS **1421 W 33ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME *Antionette Bolden*
 STREET ADDRESS *9833 Spottswood Rd.*
 CITY-ST-ZIP *Jacksonville, FL 32208*

TITLE Delete
 NAME **D MCKINNON, TERESSA**
 STREET ADDRESS **3130 PERRY ST.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP GOINS, ANGELA**
 STREET ADDRESS **2486 WILMONT AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME *Goins, Angela*
 STREET ADDRESS *2486 11291 Harts Road*
 CITY-ST-ZIP *Jacksonville, Florida 32218*

TITLE Delete
 NAME **T HOLLOMAN, MURRY**
 STREET ADDRESS **4741 CASTLEWOOD DRIVE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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*

2-17-02

904 266-7373

CP2E037 (9/01)