

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90029 037 \*\*\*\*70.00

**DOCUMENT # N42094**  
 1. Entity Name  
 THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.



Principal Place of Business  
 2357 EDGEWOOD AVENUE NORTH  
 JACKSONVILLE, FL 32254 US

Mailing Address  
 P.O. BOX 3322  
 JACKSONVILLE, FL 32206 US

40033214



2. Principal Place of Business  
 2087 FREAK E AVE

3. Mailing Address

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State  
 Jacksonville Fla

City & State

4. FEI Number  
 59-3062468

Applied For  
 Not Applicable

Zip  
 32208

Country  
 Duval

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 GOINS, Angela A

Street Address (P.O. Box Number is Not Acceptable)  
 11038 TRACI LYNN DR

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Angela A. Goins DATE 3-5-05

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTIONETTE BOLDEN 9833 SPOTSWOOD RD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, TERESSA 3130 PERRY ST. JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOINS, ANGELA 11038 TRACI LYNN DRIVE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOINS, Angela 11038 TRACI LYNN DRIVE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLOMAN, MURRY 4741 CASTLEWOOD DRIVE EAST JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Holloman, MURRY 4741 Castlewood Drive East Jacksonville, FL 32206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Gloria 7229 ELWOOD AVE. Jacksonville, FL 32205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 3-5-05 DAYTIME PHONE # 904 766-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR