

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42094

FILED  
Mar 15, 2009  
Secretary of State

Entity Name: THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.

**Current Principal Place of Business:**

2087 FRANK E AVE  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3322  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 59-3062468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOINS, ANGELA A.  
11038 TRACE LYNN DR  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ANTIONETTE BOLDEN,  
Address: 9833 SPOTTSWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD ( ) Delete  
Name: BROWN, GLORIA  
Address: 7229 ELWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VTD ( ) Delete  
Name: GOINS, ANGELA  
Address: 11038 TRACI LYNN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: HOLLOWAN, MURRY  
Address: 4741 CASTLEWOOD DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA A. GOINS

P

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date