

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

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03/15/2009

Electronic Signature of Signing Officer or Director

_____ Date