FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04 1997 8:00 am
Secretary of State

DOCUMENT # N42889 (8)

1. Corporation Name

ARMOR OF GOD EVANGELISTIC MINISTRIES, INCORPORATED

[redacted]

Principal Place of Business	Mailing Address
6603 ECTOR PLACE JACKSONVILLE FL 32211	6603 ECTOR PLACE JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 04/09/1991
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3066680 ☐ Applied For ☐ Not Applic

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLLIER, MITZI D.
6603 ECTOR PLACE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addl
NAME	ROBINSON, JENNIE H.		1.2 NAME		
STREET ADDRESS	3501 TOWNSEND BLVD #176		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addl
NAME	SIMMONS, ISLA E.		2.2 NAME		
STREET ADDRESS	14312 VAN ZILE AVE.		2.3 STREET ADDRESS	2762 McCormick Woods Dr.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addl
NAME	MCALEER, DOLORES B.		3.2 NAME		
STREET ADDRESS	1887 LINDSEY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	D	☐ DELETE	4.1 TITLE	S/T	☒ Change ☐ Addl
NAME	COLLIER, MITZI D		4.2 NAME		
STREET ADDRESS	6603 ECTOR PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addl
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addl
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/4/97

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with blank address.

SIGNATURE: Jennie H. Robinson Jennie H. Robinson 6/1/97 904-743-4576