

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90296 042 \*\*\*\*61.25

<b>DOCUMENT # N42889</b>	
1. Entity Name ARMOR OF GOD EVANGELISTIC MINISTRIES, INCORPORATED	

Principal Place of Business 8750 BURKHALL ST JACKSONVILLE, FL 32211	Mailing Address 8750 BURKHALL ST JACKSONVILLE, FL 32211
---	---

40087833



**DO NOT WRITE IN THIS SPACE**

04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3066680	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

**6. Name and Address of Current Registered Agent**

ROBINSON, JENNIE H  
8750 BURKHALL ST  
JACKSONVILLE, FL 32211

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JENNIE H. 8750 BURKHALL ST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ISLA E. 12388 RUNNING RIVER RD S JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALEER, DOLORES B. 1887 LINDSEY RD JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLIER, MITZIE 6603 ECTOR PLACE JACKSONVILLE, FL 32211 <i>Deceased 10/28/05</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

*Jennie H. Robinson / Jennie H. Robinson*

Date

Daytime Phone #

*10/25/06 904/726-8010*