


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N42889 1. Entity Name ARMOR OF GOD EVANGELISTIC MINISTRIES, INCORPORATED	
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Principal Place of Business 8750 BURKHALL ST JACKSONVILLE, FL 32211	Mailing Address 8750 BURKHALL ST JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3066680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, JENNIE H
8750 BURKHALL ST
JACKSONVILLE, FL 32211

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	ST MENCER, RUBY C 8750 BURKHALL ST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETERY, ISLA E 1610 SHETTER AVENUE, APT 333 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALEER, DOLORES B 1887 LINDSEY ROAD JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/08-80025-014 61.25

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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: Jenniet H. Robinson 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #