

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003125

FILED
Feb 06, 2004
Secretary of State**Entity Name:** REHOBOTH APOSTOLIC ASSEMBLIES OF JESUS CHRIST, INC.**Current Principal Place of Business:**1035 E. 13TH STREET
JACKSONVILLE, FL 32206 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 40923
JACKSONVILLE, FL 322030923 US**New Mailing Address:****FEI Number:** 59-3323670**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE, FL 32209 US**Name and Address of New Registered Agent:**POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE, FL 322094209 US

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: _____

02/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLITE, ALPHONSO
Address: 1444 W 21ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: POLITE, VANESSA D
Address: 1444 W 21ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete
Name: GREEN, JOHN E
Address: 1836 FOREST HILL RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CULP, ROBERT
Address: 10404 DEPAUL DR
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: CULP, ROBERT
Address: 10404 DEPAUL DR
City-St-Zip: JACKSONVILLE, FL 322185207 US

Title: D () Change (X) Addition
Name: ACKER, JOSEPH
Address: 4466 BEDIVERE RD
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PASTOR ALPHONSO POLITE

PSTR

02/06/2004

Electronic Signature of Signing Officer or Director

Date