

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003125

1. Entity Name

REHOBOTH APOSTOLIC ASSEMBLIES OF JESUS
CHRIST, INC.



Principal Place of Business

1035 E. 13TH STREET
JACKSONVILLE FL 32206
US

Mailing Address

P.O. BOX 40923
JACKSONVILLE FL 32203-0923
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3323670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE FL 32209-4209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POLITE, ALPHONSO	
STREET ADDRESS	1444 W 21ST STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLITE, VANESSA D	
STREET ADDRESS	1444 W 21ST STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULP, ROBERT	
STREET ADDRESS	10404 DEPAUL DR	
CITY- ST- ZIP	JACKSONVILLE FL 32218-5207	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKER, JOSEPH	
STREET ADDRESS	4466 BEDIVERE RD	
CITY- ST- ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

UN00000290660
04/06/05-80077-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Paster Alphonso Polite

3-30-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #