

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90012 034 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3323670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Pastor Alphonso Polite

3-10-08

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

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME POLITE, ALPHONSO
STREET ADDRESS 1444 W 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME POLITE, VANESSA D
STREET ADDRESS 1444 W 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CULP, ROBERT
STREET ADDRESS 10404 DEPAUL DR
CITY-ST-ZIP JACKSONVILLE FL 32218-5207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ACKER, JOSEPH
STREET ADDRESS 4466 BEDIVERE RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Directors
STREET ADDRESS South Jackson Bowers
CITY-ST-ZIP 5620 Collins Rd. #401
Jacksonville, Fl. 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Lenora Bowers
CITY-ST-ZIP 5620 Collins Rd. #401
Jacksonville, Fl. 32244

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

Pastor Alphonso Polite *3-10-08*