

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003125

FILED  
Feb 18, 2009  
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:**

1035 E. 13TH STREET  
JACKSONVILLE, FL 322063103 US

**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 322094209 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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 ( ) Delete  
Name: CULP, ROBERT  
Address: 10404 DEPAUL DR  
City-St-Zip: JACKSONVILLE, FL 322185207 US

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

Title: D ( ) Delete  
Name: BOWERS, JACKSON  
Address: 5620 COLLINS RD #401  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: BOWERS, LENORA  
Address: 5620 COLLINGS RD #401  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: POLITE, ALPHONSO  
Address: 1444 W 21ST STREET  
City-St-Zip: JACKSONVILLE, FL 322094209

Title: D (X) Change ( ) Addition  
Name: POLITE, VANESSA D  
Address: 1444 W 21ST STREET  
City-St-Zip: JACKSONVILLE, FL 322094209

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VANESSA D. POLITE

SECR

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date