

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003738**

1. Entity Name

**ASSEMBLY OF PRAISE CHURCH OF THE LORD JESUS  
CHRIST MINISTRY, INC.**



Principal Place of Business

**145 SOUTH ORANGE AVE.  
ARCADIA FL 34266  
US**

Mailing Address

**P.O. BOX 1384  
ARCADIA FL 34265  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

**59-3334722**

Applied For

Not Applied

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, LORENZO SR/PRES  
145 SOUTH ORANGE AVE.  
ARCADIA FL 34266**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME DIXON, LORENZO SR.  
STREET ADDRESS 145 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ARCADIA FL 34266

☐ Change ☐ Addition  
NAME **1111111485037**  
STREET ADDRESS **114/12/06-RDING-024 61.25**  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME KIRKLAND, RUBY  
STREET ADDRESS 4510 SW ASTER STREET  
CITY-ST-ZIP NOCATEE FL 34268

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

TITLE T ☐ Delete  
NAME CAVINESS, DAVID  
STREET ADDRESS 219 NORTH HILLSBORO AVE  
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE T ☐ Delete  
NAME DURHAM, ROBERTA  
STREET ADDRESS 1848 HENDRY STREET  
CITY-ST-ZIP ARCADIA FL 34265

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

TITLE S ☐ Delete  
NAME LEWIS-ROSS, JUANITA  
STREET ADDRESS 1880 SE PEACH DRIVE  
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE VP ☐ Delete  
NAME MANLEY, JAMES C  
STREET ADDRESS 577 SOUTH LOUDER STREET  
CITY-ST-ZIP MACLENNY FL 32063

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

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 *[Signature]* SECRETARY 3/26/06-863-1011-1111