

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

FILED
Apr 10, 2008 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3334722

Applied For

Not Applicable

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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

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

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

TITLE ☐ Change ☐ Addition
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: Juanita Lewis-Ross - SECRETARY APRIL 7, 2008