I hereby 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 all other like empowered.

SECRETARY

SIGNATURE: MARILYN FELDER

I

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 529 S. MCDUFF AVE. JACKSONVILLE, FL 32254

Current Mailing Address:

529 S. MCDUFF AVE. JACKSONVILLE. FL 32254

FEI Number: 59-3700024

Name and Address of Current Registered Agent:

JONES, DR. A SR 4430 MELVIN CIRCLE WEST JACKSONVILLE, FL 32210 US

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	: DR. A. L. JONES, SR.			06/04/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	В	Title	Р	
Name	JONES, ALVIN LEONARD DR.	Name	JONES, MURRIA M	
Address	4430 MELVIN CIRCLE WEST	Address	4430 MELVIN CIRCLE WEST	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	S	Title	т	
Name	FELDER, MARILYN	Name	MARSHALL, SHARRON	
Address	12282 DRIFT CT.	Address	4430 MELVIN CIRCLE WEST	
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32208	
Title	D			
Name	WILLIAMS, ANGELA			
Address	4430 MELVIN CIRCLE WEST			
City-State-Zip:	JACKSONVILLE FL 32210			

Certificate of Status Desired: Yes

FILED Jun 04, 2020 Secretary of State 7807928735CC

06/04/2020

Date

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007711

Entity Name: THE APOSTLE FAITH MIRACLE CHURCH INC.