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

T

Electronic Signature of Signing Officer/Director Detail

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0000007711

Entity Name: THE APOSTLE FAITH MIRACLE CHURCH INC.

## **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.			08/16/2021	
	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: No

FILED Aug 16, 2021 Secretary of State 7615012978CC

Date

08/16/2021