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	E DR. A. L. JONES, SR.			04/05/2023
	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	

Current Mailing Address: P.O. BOX 40534 JACKSONVILLE, FL 32203 US

Current Principal Place of Business:

FEI Number: 59-3700024

Name and Address of Current Registered Agent:

JONES, DR. A SR 4430 MELVIN CIRCLE WEST

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.

SIGNATURE: MARILYN FELDER

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/05/2023

FILED Apr 05, 2023 Secretary of State 9731378061CC

Certificate of Status Desired: Yes

JACKSONVILLE, FL 32206

1177 E. 14TH ST.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0000007711

Entity Name: THE APOSTLE FAITH MIRACLE CHURCH INC.

Title D Name WILLIAMS. ANGELA

4430 MELVIN CIRCLE WEST Address City-State-Zip: JACKSONVILLE FL 32210

Date