

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000007711

**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**

**Certificate of Status Desired: No**

**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.**

**06/20/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title B  
Name JONES, ALVIN LEONARD DR.  
Address 4430 MELVIN CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32210

Title P  
Name JONES, MURRIA M  
Address 4430 MELVIN CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32210

Title S  
Name FELDER, MARILYN  
Address 8063 SIERRA GARDENS DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title T  
Name MARSHALL, SHARRON  
Address 4430 MELVIN CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name WILLIAMS, ANGELA  
Address 4430 MELVIN CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32210

*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**

**SECRETARY**

**06/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date