## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00376

Entity Name: NEW MOUNT ARARAT APOSTOLIC ANGELICAL MINISTRIES

INTERNATIONAL, INC.

**Current Principal Place of Business:** 

2018 W 9TH ST

JACKSONVILLE, FL 32209

**Current Mailing Address:** 

2461 W. 28TH STREET JACKSONVILLE, FL 32209

FEI Number: 59-2364928 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBERTS, DOROTHY 2461 W. 28TH STREET JACKSONVILLE, FL 32209 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:

Electronic Signature of Registered Agent

Date

FILED Mar 16, 2016

**Secretary of State** 

CC2913981053

Officer/Director Detail:

Title TRUSTEE Title TRUSTEE

Name JONES, LUCINDA Name ROBERTS, GREGORY

Address 801 TAMMY COVE LANE Address 2461 W. 28TH ST.

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE Title TRUSTEE

NameLOMAN, LESLIE ROBERTSNameMISSICK, TERRANCEAddress8335 FREEDOM CROSSING TRLAddress4083 SUNBEAM ROAD

APT# 208

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32257

Title TRUSTEE Title TRUSTEE

NameROBERTS, ROBERT JRNameMANIGAULT, DAVID EAddress2461 WEST 28TH STREETAddress4765 PLAYSCHOOL DRIVECity-State-Zip:JACKSONVILLE FL 32209City-State-Zip:JACKSONVILLE FL 32210

Title TRUSTEE

Name HIGGS, MARSHALL

Address 14438 WOODFIELD CIRCLE SOUTH

City-State-Zip: JACKSONVILLE FL 32258

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: LESLIE ROBERTS LOMAN

TRUSTEE

APT. #701

03/16/2016