

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00376

Entity Name: NEW MOUNT ARARAT APOSTOLIC ANGELICAL MINISTRIES
INTERNATIONAL, INC.**FILED**
Mar 25, 2025
Secretary of State
2867032903CC**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**Officer/Director Detail :**Title TRUSTEE
Name JONES, LUCINDA
Address 801 TAMMY COVE LANE
City-State-Zip: JACKSONVILLE FL 32218Title TRUSTEE
Name ROBERTS, GREGORY
Address 2461 W. 28TH ST.
City-State-Zip: JACKSONVILLE FL 32209Title TRUSTEE
Name LOMAN, LESLIE ROBERTS
Address 2461 WEST 28TH STREET
City-State-Zip: JACKSONVILLE FL 32209Title TRUSTEE
Name ROBERTS, ROBERT JR
Address 2461 WEST 28TH STREET
City-State-Zip: JACKSONVILLE FL 32209Title TRUSTEE
Name MANIGAULT, DAVID E
Address 4765 PLAYSCHOOL DRIVE
City-State-Zip: JACKSONVILLE FL 32210Title 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 LOMAN**ADMINISTRATOR****03/25/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date