

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00376

**Entity Name:** NEW MOUNT ARARAT APOSTOLIC ANGELICAL MINISTRIES INTERNATIONAL, INC.

**FILED**  
**Mar 13, 2022**  
**Secretary of State**  
**2340969150CC**

**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 32218

Title TRUSTEE  
Name ROBERTS, GREGORY  
Address 2461 W. 28TH ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE  
Name LOMAN, LESLIE ROBERTS  
Address 2461 WEST 28TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE  
Name ROBERTS, ROBERT JR  
Address 2461 WEST 28TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE  
Name MANIGAULT, DAVID E  
Address 4765 PLAYSCHOOL DRIVE  
City-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: DOROTHY M. ROBERTS**

**REGISTERED AGENT**

**03/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date