

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006366

Entity Name: REMNANT APOSTOLIC MINISTRIES INC**Current Principal Place of Business:**639 ELDER CT.
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**639 ELDER CT.
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 45-2451913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUARTE, MICHELLE L
639 ELDER CT.
ALTAMONTE SPRINGS, FL 32714 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:** MICHELLE DUARTE

04/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	DUARTE, MICHELLE
Address	639 ELDER CT.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714--0

Title	VP
Name	DUARTE, JOSPEH
Address	639 ELDER CT.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CEO
Name	DUARTE, PATRICK
Address	639 ELDER CT
City-State-Zip:	ALTAMONTE SPGS FL 32714

Title	DIRECTOR
Name	DUARTE, SCOTT
Address	1757 SUNSET PALM DR
City-State-Zip:	APOPKA FL 32712

Title	CFO
Name	GONZALEZ, MARILEI
Address	1757 SUNSET PLAM DR
City-State-Zip:	APOPKA FL 32712

Title	TREASURER
Name	DUARTE, VICTORIA
Address	639 ELDER CT.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DEACON
Name	SHANSKY, ANDREW
Address	888 LITTLEBEND RD
City-State-Zip:	ALTAMONTE SPGS FL 32714

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: MICHELLE DUARTE

PRESIDENT

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date