

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42094

**Entity Name:** THE ASSEMBLY OF JESUS CHRIST MINISTRY, INC.

**Current Principal Place of Business:**

2087 FRANK E AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O. BOX 9650  
JACKSONVILLE, FL 32208 US

**FEI Number: 59-3062468**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GOINS, ANGELA A.  
1141 KENDALL TOWN BLVD  
UNIT 6104  
JACKSONVILLE, FL 32225 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            S  
Name            ANTIONETTE BOLDEN  
Address        9833 SPOTTSWOOD RD  
City-State-Zip: JACKSONVILLE FL 32208

Title            PD  
Name            BROWN, GLORIA  
Address        7229 ELWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title            VTD  
Name            GOINS, ANGELA  
Address        355 MONUMENT RD APT 1J1  
City-State-Zip: JACKSONVILLE FL 32225

Title            TD  
Name            HOLLOMAN, MURRY  
Address        4741 CASTLEWOOD DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32206

*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: ANGELA A GOINS**

**VTD**

**04/14/2015**

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

\_\_\_\_\_  
Date