

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42094

**FILED**  
**Apr 21, 2017**  
**Secretary of State**  
**CC3041299518**

**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.  
1373 TRIPPER DR  
JACKSONVILLE, FL 32211 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 1141 KENDALL TOWN BLVD  
UNIT 6104  
City-State-Zip: JACKSONVILLE FL 32225

Title TD  
Name HOLLOMAN, MURRY  
Address 460 ALDER ST  
City-State-Zip: JACKSONVILLE FL 32205

*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

04/21/2017

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

\_\_\_\_\_ Date