Current Prin 732 SW NICHO PORT ST. LUC	-		8955874	1100
Current Mai	ling Address:			
732 SW NIC PORT SAIN	HOLS TER T LUCIE, FL 34953			
FEI Number: 65-0925583		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
AARONS, DOR 2690 UNIVERS SUNRISE, FL	ITY DRIVE			
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: DOROTHY AARONS				
SIGNATURE	E DOROTHY AARONS			03/25/2024
SIGNATURE	Electronic Signature of Registered Agent			03/25/2024 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	DS	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DP		DS	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DP AARONS, DOROTHY 8343 SW 44TH CT	Name	DS DOUGLAS, PATSY 732 SW NICHOLS TER	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP AARONS, DOROTHY 8343 SW 44TH CT	Name Address	DS DOUGLAS, PATSY 732 SW NICHOLS TER	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DP AARONS, DOROTHY 8343 SW 44TH CT DAVIE FL 33328	Name Address City-State-Zip:	DS DOUGLAS, PATSY 732 SW NICHOLS TER PORT SAINT LUCIE FL 34953	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DP AARONS, DOROTHY 8343 SW 44TH CT DAVIE FL 33328 DT	Name Address City-State-Zip: Title	DS DOUGLAS, PATSY 732 SW NICHOLS TER PORT SAINT LUCIE FL 34953 D	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CHURCH OF JESUS CHRIST APOSTOLIC MINISTRY INC

DOCUMENT# N9800000637

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.

DP

SIGNATURE: DOROTHY AARONS

Electronic Signature of Signing Officer/Director Detail

FILED Mar 25, 2024

Secretary of State

8955874771CC