

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

DOCUMENT# N98000000637

**Entity Name:** CHURCH OF JESUS CHRIST APOSTOLIC MINISTRY INC

**Current Principal Place of Business:**

732 SW NICHOLS TER  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

732 SW NICHOLS TER  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 65-0925583

**Certificate of Status Desired:** No

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

AARONS, DOROTHY  
2690 UNIVERSITY DRIVE  
SUNRISE, FL 33322 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 DP  
Name AARONS, DOROTHY  
Address 8343 SW 44TH CT  
City-State-Zip: DAVIE FL 33328

Title DS  
Name DOUGLAS, PATSY  
Address 732 SW NICHOLS TER  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DT  
Name CARROLL, DIAHANNE  
Address 8343 SW 44TH CT  
City-State-Zip: DAVIE FL 33328

Title D  
Name AARONS, RICHARD  
Address 8343 SW 44TH CT  
City-State-Zip: DAVIE FL 33328

Title D  
Name CLARKE, DEBBIE  
Address 732 SW NICHOLS TER  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** AARONS, DOROTHY

**DP**

**03/09/2015**

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

\_\_\_\_\_  
Date