

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005640 (7)

1. Corporation Name

ALL IN JESUS NAME, INC.



Principal Place of Business

**3945 SUSAN DRIVE
GREEN COVE SPRINGS FL 32043**

Mailing Address

**P.O. BOX 1955
GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 3945 Susan Drive

4. FEI Number
59-3292153

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Green Cove Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 25 29 32043 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, SUE
3945 SUSAN DRIVE
GREEN COVE SPRINGS FL 32043**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Sue Hall*

Sue Hall

2/6/96

Signature, typed or printed name of registered agent and their application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HALL, SUSAN**
STREET ADDRESS **3945 SUSAN DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FREEMAN, VIC**
STREET ADDRESS **1105 CARLOTTA ROAD WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **CARDER, CECILIA ANN**
STREET ADDRESS **9439 SAN JOSE BLVD., APT. 130**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sue Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Hall
Date

2/6/96
Daytime Phone #

CR2E037 (12/95)