

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730520

(4)

1. Corporation Name

ALL PEOPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

1973 WEST EDGEWOOD AVE.
JACKSONVILLE FL 32208-3002

1973 WEST EDGEWOOD AVE.
JACKSONVILLE FL 32208-3002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1974

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2492709

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, SR. (ELDER ARTHUR T.)
5531 LOCKSLEY AVENUE
JACKSONVILLE FLORIDA FL 32209

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HOLSEY, MRS TINA J
STREET ADDRESS	7038 BISHOP HATCHER DR
CITY - ST - ZIP	JACKSONVILLE, FL 0
TITLE	D
NAME	DAVIS, THOMAS E
STREET ADDRESS	8837 MOHONIA DR
CITY - ST - ZIP	JACKSONVILLE, FL 0
TITLE	D
NAME	JONES SR, MR R C
STREET ADDRESS	6409 LOBELIA ST
CITY - ST - ZIP	JACKSONVILLE, FL 0
TITLE	S
NAME	JONES, SHARON P.
STREET ADDRESS	5231 LOCKSLEY AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL 0
TITLE	P
NAME	JONES, BISHOP ARTHUR T.
STREET ADDRESS	5231 LOCKSLEY AVE.
CITY - ST - ZIP	JACKSONVILLE, FL 0
TITLE	T
NAME	KELLAM, MRS MARY E
STREET ADDRESS	5125 LOCKSLEY AVE
CITY - ST - ZIP	JACKSONVILLE, FL 0

11 TITLE	S	☐ Change ☒ Addition
12 NAME	Tate, Mary	
13 STREET ADDRESS	5529 Minors Circle East	
14 CITY - ST - ZIP	Jacksonville, FL 32208	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	DA	☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	31-95	

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05/17/95 01175 086
****155.00 ****155.00

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

SHARON P. JONES

5/17/95

765-2853
765-2206