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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730520 (4)

1. Corporation Name

ALL PEOPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

1973 WEST EDGEWOOD AVE.
JACKSONVILLE FL 32208-3002

Mailing Address

1973 WEST EDGEWOOD AVE.
JACKSONVILLE FL 32208-30023. Date Incorporated or Qualified
08/23/19743a. Date of Last Report
04/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2492709

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JONES, SR. (ELDER ARTHUR T.)
5231 LOCKSLEY AVENUE
JACKSONVILLE FLORIDA FL 32209

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME TATE, MARY
STREET ADDRESS 5529 MINOSA CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32208☐ DELETETITLE D
NAME DAVIS, THOMAS E
STREET ADDRESS 8637 MOHONIA DR
CITY-ST-ZIP JACKSONVILLE, FL 0☐ DELETETITLE D
NAME JONES SR, MR R C
STREET ADDRESS 6409 LOBELIA ST
CITY-ST-ZIP JACKSONVILLE, FL 0☐ DELETETITLE S
NAME JONES, SHARON P.
STREET ADDRESS 5231 LOCKSLEY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 0☐ DELETETITLE P
NAME JONES, BISHOP ARTHUR T.
STREET ADDRESS 5231 LOCKSLEY AVE.
CITY-ST-ZIP JACKSONVILLE, FL 0☐ DELETETITLE T
NAME KELLAM, MRS MARY E
STREET ADDRESS 5125 LOCKSLEY AVE
CITY-ST-ZIP JACKSONVILLE, FL 0☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Daytime Phone #0005060

CR2E037 (9/96)