

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90020 013 \*\*\*\*61.25

0004884

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 730520**

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 32208-3002



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/23/1974	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2492709	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		Trust Fund Contribution	

**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
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, MARY	1.2 NAME	
STREET ADDRESS	5529 MINOSA CIRCLE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, THOMAS E	2.2 NAME	
STREET ADDRESS	8637 MOHONIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES SR, MR R C	3.2 NAME	
STREET ADDRESS	6409 LOBELIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHARON P.	4.2 NAME	
STREET ADDRESS	5231 LOCKSLEY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BISHOP ARTHUR T.	5.2 NAME	
STREET ADDRESS	5231 LOCKSLEY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLAM, MRS MARY E.	6.2 NAME	
STREET ADDRESS	5125 LOCKSLEY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON P. JONES 3/22/99 (904) 765-2206

Date

Daytime Phone #

CR2E037 (11/98)