

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730520

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2492709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME TATE, MARY
STREET ADDRESS 5529 MINOSA CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ Change ☒ Addition
NAME Kellam, Mark E. Sr.
STREET ADDRESS 323 West 9th St.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE D ☐ Delete
NAME DAVIS, THOMAS E
STREET ADDRESS 8637 MOHONIA DR
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME JONES SR, MR R C
STREET ADDRESS 6409 LOBELIA ST
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JONES, SHARON P.
STREET ADDRESS 5231 LOCKSLEY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME JONES, BISHOP ARTHUR T.
STREET ADDRESS 5231 LOCKSLEY AVE.
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KELLAM, MRS MARY E
STREET ADDRESS 5125 LOCKSLEY AVE
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHARON P. JONES/Secretary 2/21/00 (904) 765-2206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)