

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90171 017 \*\*\*\*61.25

**DOCUMENT # 730520**

1. Entity Name

**ALL PEOPLE INTERNATIONAL CHURCH, 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **KELLAM, MARK E SR**  
STREET ADDRESS **323 WEST 9TH ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHARON P. Jones**

Date

**1/12/01**

Daytime Phone #

**(904) 765-2206**

CR2E037 (10/00)