

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730520

FILED
Jul 10, 2005
Secretary of State

Entity Name: ALL PEOPLE INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

1993 WEST EDGEWOOD AVE.
JACKSONVILLE, FL 322083002

New Principal Place of Business:

Current Mailing Address:

1973 WEST EDGEWOOD AVE.
JACKSONVILLE, FL 322083002

New Mailing Address:

FEI Number: 59-2492709 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TATE, MARY
Address: 5529 MINOSA CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D () Delete
Name: DAVIS, THOMAS E,
Address: 8637 MOHONIA DR
City-St-Zip: JACKSONVILLE, FL 0,

Title: D () Delete
Name: KELLAM, MARK E SR
Address: 323 WEST 9TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: JONES, SHARON P.,
Address: 5231 LOCKSLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 0,

Title: P () Delete
Name: JONES, BISHOP ARTHUR, T.
Address: 5231 LOCKSLEY AVE.
City-St-Zip: JACKSONVILLE, FL 0,

Title: T () Delete
Name: KELLAM, MRS MARY E,
Address: 5125 LOCKSLEY AVE
City-St-Zip: JACKSONVILLE, FL 0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, SHARON P
Address: 5231 LOCKSLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KELLAM, MRS MARY E,
Address: 5125 LOCKSLEY AVE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P JONES

D

07/10/2005

Electronic Signature of Signing Officer or Director

Date