

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730520

FILED
Mar 09, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 US

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

Title: D/S () Delete
Name: JONES, SHARON P
Address: 5231 LOCKSLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: P () Delete
Name: JONES, SR., ARTHUR T
Address: 5231 LOCKSLEY AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: T () Delete
Name: KELLAM, MARY E
Address: 5125 LOCKSLEY AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, JR., ARTHUR T
Address: 12301 KERNON FORREST BLVD. #104
City-St-Zip: JACKSONVILLE, FL 32225 US

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

VP/S

03/09/2007

Electronic Signature of Signing Officer or Director

Date