

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730520

**FILED**  
**Apr 30, 2012**  
**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:** D  
**Name:** JONES, JR., ARTHUR T  
**Address:** 2267 CASSINA POINTE SW  
**City-St-Zip:** MARIETTA, GA 30064 US

**Title:** D  
**Name:** JONES, JR., ROOSEVELT C  
**Address:** 4288 MCDANIEL DR.  
**City-St-Zip:** JACKSONVILLE, FL 32209 US

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

**Title:** VP/S  
**Name:** JONES, SHARON P  
**Address:** 5231 LOCKSLEY AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON P. JONES

V/S

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date