FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

STAR ROUTE 1, BOX 858

WALDO FL 32694

734992

(1)

Mailing Address

WALDO FL 32694

STAR ROUTE 1, BOX 858

JEREMIAH CHURCH FOR ALL PEOPLES, INC.

FILED Feb 04 1998 8:00am Secretary of State

3. Date Incorporated or Qualified

02/19/1976

1						05-0065400			t Applicable
2. Principal Place of Business 2a. Mailing Address									
21		26				5. Certificate of Status Desired		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00 1		
22		27				Trust Fund Contribution		Added to	
City & Stat	e	City & State				7. Is this nonprofit corporation a ho	meowner	rs association	1?
23		28	T				Yes [☐ No	
Zip	Country	Zip	$\overline{}$	untry	1	8. This corporation owes or has pa			-, -
24	25 29 30					Personal Property Tax due June			J No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Re	gistered	Agent	
DADDINOTON FLUOTT DOCUTON (**					Name				
BARRINGTON, ELLIOTT PRESTON JR.				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
STAR ROUTE 1, BOX 858				83					
WALDO FL 32694									
				84	City			85 Zip C	Code
44 5		. (444.454.5)		ļШ	L		FL	<u> </u>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.									
agent. I a	im familiar with and sociept the obligati	ions of, Section 617.0503, Fl	orida Sta	tutes	; ,				70
SIGNATURE	Collist C Dan	enotor on					- 2	6-9	8
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registere	ed Age	nt signature requir				
TITLE	PD OFFICERS AND	DELETE	13. 13 T	ITI E	$\overline{}$	ADDITIONS/CHANGES TO OFFIC	ERS AINL	Change	S IN 12 Addition
NAME	Barrington,elliott P. Jr							Grange	Addition
	STAR ROUTE 1, BOX 858		1,2 N						
STREET ADDRESS	WALDO EL				ADDRESS				
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 C	<u> ТҮ- Ş</u>	r-zip			Change	Addition
NAME	BARRINGTON, E.P. JR. 771	→	1		1			Grange	TT Addition
-	STAR ROUTE 1, BOX 858	-	2,2 N						
STREET ADDRESS	WALDO FL				ADDRESS				
CITY-ST-ZIP TITLE	SD SD	DELETE		2. 4 CITY-ST-ZI				Change	1 Addition
NAME	BARRINGTON,DOLLIE ANN	☐ DELETE	1					☐ Change	☐ Addition
			3.2 NAME						
STREET ADDRESS	STAR ROUTE 1, BOX 858 WALDO FL				ADDRESS				
CITY-ST-ZIP TITLE	AŚ	DELETE			ST-ZIP			Change	☐ Addition
		רון טבניבוב	4.1 TI					- change	L Audilion
NAME	BARRINGTON, ELIZABETH A		4.21						
Street Address	STAR RT. 1, BOX 858 WALDO FL 32694				ADDRESS				
CITY-ST-ZIP	T T 32094	DELETE		ITY-SI	r-zip			1 0	A statistican
TITLE NAME	BARRINGTON, MARIA E	L DELETE	5.1 TI					Change	☐ Addition
=	STAR RT. 1, BOX 858		5.2 N						
STREET ADDRESS	WALDO FL 32694		1		ADDRESS				
CITY-ST-ZIP	IVALUU FL 32034	DELETE		ITY-SI	ī-ZīP			Change	Addition
TITLE		TT NETELE	6.1 TI					Change	Addition
NAME			6.2 N		1000000				
STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIP	partify that the information complied with	this filing does not availe for		TY-ST		Section 119 07/2\(\(\)\)\ Elorido Statutas 1:	further # -		information
14. 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 annual report or supplemental annual 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 composition or the receiver of the composition of the receiver of the receiv									

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-26-98