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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

04-16-1999 90085 023 ****61.25

FILED
Apr 16, 1999 8:00 am §
Secretary of State

DOCUMENT # 734992

1. Corporation Name

JEREMIAH CHURCH FOR ALL PEOPLES, INC.

Principal Place of Business

Mailing Address

STAR ROUTE 1, BOX 858 WALDO FL 32694

STAR ROUTE 1. BOX 858 **WALDO FL 32694**

2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed		
21		26	•	02/19/1976		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	E 114 AU	e 4. FEI Number - 05-0065400	Applied For	
22			E /17	0070000400	Not Applicable	
City & State	е	City & State	C2.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country .	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 32644 B	a Alauc he		Added to Fees	
<u></u>	9. Name and Address of Current			10. Name and Address of New Registered A	gent	
			81 Name			
RARRING	TON, ELLIOTT PRESTON JR.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
STAR ROUTE 1, BOX 858			02 Suder Au	30 Bat Address (F.O. Box Number is Not Acceptable)		
WALDO FL 32694					<u> </u>	
WALDO 1	L 02094				les Zin Codo	
			84 City	· FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	, the above-named co	rporation submits this statement for the purpose of cl	hanging its registered	
office or r	egistered agent, or both, in the State of	Florida. Such change yas auth	norized by the corpora a Statutes.	tion's board of directors. I hereby accept the appoint	ment as registered	
	In tagallar with and acted the colligation	Brundon -	A .	4/	15/44	
SIGNATURE	Signature, typed or printed name of registered agent a		egistered Agent signature requ	lired when reinstating) DATE	· · ·	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BARRINGTON,ELLIOTT P. JR	,	1.2 NAME			
STREET ADDRESS	STAR ROUTE 1, BOX 858		1.3 STREET ADDRESS			
CITY-ST-ZIP	WALDO FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BARRINGTON E P III		2.2 NAME			
STREET ADDRESS	ATAB BOUTE 4 BOY ATA		2.3 STREET ADDRESS			
, CITY-ST-ZIP	WALDO FL	. •	2.4 CiTY-ST-ZIP	_	<u> </u>	
TITLE	SD	☐ DELETE	3.1 TITLE -		☐ Change ☐ Addition	
NAME	BARRINGTON, DOLLIE ANN		3.2 NAME			
STREET ADDRESS	AT 15 BALLET 4 BALLATA		3.3 STREET ADDRESS			
CITY-ST-ZIP	WALDO FL		3.4. CITY-ST-ZIP			
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	BARRINGTON, ELIZABETH A		4. 2 NAME			
STREET ADDRESS	STAR RT. 1, BOX 858		4.3 STREET ADDRESS			
CITY-ST-ZIP	WALDO FL 32694		4.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	BARRINGTON, MARIA E		5.2 NAME			
STREET ADDRESS	STAR RT. 1, BOX 858		5.3 STREET ADDRESS	•		
CITY-ST-ZIP	WALDO FL 32694		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME			
			6.3 STREET ADDRESS	•		
STREET ADDRESS			CACITY PT 7ID		•	

14. I hereby certify that the information supplied with this filling 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if