

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734992

1. Entity Name

JEREMIAH CHURCH FOR ALL PEOPLES, INC.

Principal Place of Business

Mailing Address

1903 NE 114TH AVE
WALDO FL 32694

1903 NE 114TH AVE
WALDO FL 32694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0065400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRINGTON, ELLIOTT PRESTON JR.
STAR ROUTE 1, BOX 858
WALDO FL 32694

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Rev. Elliott P. Barrington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BARRINGTON, ELLIOTT P. JR.
STREET ADDRESS STAR ROUTE 1, BOX 858
CITY-ST-ZIP WALDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BARRINGTON E P III
STREET ADDRESS STAR ROUTE 1, BOX 858
CITY-ST-ZIP WALDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BARRINGTON, DOLLIE ANN
STREET ADDRESS STAR ROUTE 1, BOX 858
CITY-ST-ZIP WALDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BARRINGTON, ELIZABETH A
STREET ADDRESS STAR RT. 1, BOX 858
CITY-ST-ZIP WALDO FL 32694

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BARRINGTON, MARIA E
STREET ADDRESS STAR RT. 1, BOX 858
CITY-ST-ZIP WALDO FL 32694

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Elliott P. Barrington, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90463 031 ****61.25



DO NOT WRITE IN THIS SPACE

0065673

CR2E037 (9/01)

352-468-1498