2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90004 044 ****70.00

DOCUMENT # 761097

1. Entity Name

CHURCH FOR ALL PEOPLES, INC.

Principal Place of Business	Mailing Address
835 NORTH UTICA TULSA OK 74110 US	835 NORTH UTICA TULSA OK 74110-4906 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2628 E. 19TH ST.	2628 E 19TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TULSA OKLAHOMA	City & State: TULSA OKLAHOMA
Zip: 74104 Country: U.S.A	Zip: 74104 Country:

4. FEI Number: 59-2186077 ☐ 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
CARY, ERNESTO R. 2513 S.W. 112TH COURT MIAMI FL 33165	Name CHURCH FOR ALL PEOPLES 1/21/2000 Street Address (P.O. Box Number is Not Acceptable) City [redacted] 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARY, ERNESTO DR. PH.D. 835 NORTH UTICA TULSA OK 74110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD RIGNEY, RICK 2640 E. 8TH ST TULSA OK 74104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARY, LINDA 2628 E 19TH CT TULSA OK 74104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: [redacted] DR. E. CARY 1/21/2000 9187477271