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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:06

DOCUMENT # N93000002540 (3)

1. Corporation Name
ALL DENOMINATION CHURCH OF JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
2045 TUSKEGEE ROAD JACKSONVILLE FL 32209	131 W 22ND ST HOUSE PASTORS JACKSONVILLE FL 32206 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3209971 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2045 Tuskegee Rd.	26 131 W 22nd St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville Florida	28 City & State: Jacksonville Florida
24 Zip: 32209	29 Zip: 32206
25 Country: Duval	30 Country: Duval

9. Name and Address of Current Registered Agent

PATTERSON, THOMAS
2045 TUSKEGEE ROAD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

31 Name: None
32 Street Address (P.O. Box Number is Not Acceptable): None
33
34 City: None FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JONES, GLORIA G	12 NAME	
STREET ADDRESS	900 BROWARD ROAD #141	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOWERS, MINNIE LEE	22 NAME	
STREET ADDRESS	510 W 18TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, THOMAS	32 NAME	
STREET ADDRESS	2832 HERSCHEL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Jones GLORIA JONES 4-19-95 733-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028018