SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

238000

DOCUMENT # N93000002540 (3)

1. Corporation Name

ALL DENOMINATION CHURCH OF JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
2045 TUSKEGEE RD. JACKSONVILL E 32209 US	2045 TUSKEGEE RD. HOUSE PASTORS JACKSONVILLE FL 32206 US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
06/07/1993

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. Is this nonprofit corporation a homeowners association? [ ] Yes [✓] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PATTERSON, THOMAS
2045 TUSKEGEE ROAD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name Charles A. Jones
82 Street Address (P.O. Box Number is Not Acceptable) 4301 Confederate Pt Rd 214
83
84 City Jacksonville FL 85 Zip Code 32210

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.

SIGNATURE: Charles A Jones 10-1-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	JONES, GLORIA G	
STREET ADDRESS	4301 CONFEDERATE PT. RD. #214	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[X] DELETE
NAME	BOWERS, MINNIE LEE	
STREET ADDRESS	510 W 18TH STREET (Deceased)	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	[X] DELETE
NAME	PATTERSON, THOMAS	
STREET ADDRESS	2832 HERSCHEL STREET) Deceased	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	STATE MOTHER - D	[✓] Change [ ] Addition
2.2 NAME	CATHERINE THOMPSON	
2.3 STREET ADDRESS	10654 Dodd Rd.	
2.4 CITY-ST-ZIP	Jax. FL. 32218	
3.1 TITLE	Deaconess D	[✓] Change [ ] Addition
3.2 NAME	Isje Spears	
3.3 STREET ADDRESS	900 Broward Rd # 227	
3.4 CITY-ST-ZIP	Jax. FL. 32218	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Catherine G. Thompson 8/23/98 904-751-3746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)