FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N93000002540**

Mailing Address

2045 TUSKEGEE RD.

HOUSE PASTORS JACKSONVILLE FL 32206

Principal Place of Business 2045 TUSKEGEE RD.

ACKSONVILL E 32209

ALL DENOMINATION CHURCH OF JESUS CHRIST, INC.

US						j.·e
Suite, Apt. City & Stat	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Co. 30	intry 81	Name	3. Date incorporated or Qualifed 06/07/1993 4. FEI Number 59-3209971 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New Registered Agent
JONES, CHARLES A 4301 CONFEDERATE PT RD 214 JACKSONVILLE FL 32210				82 83	Street Add	dress (P.O. Box Number is Not Acceptable)
DAGNOCIVILLE I E 32210				84	City	FL 85 Zip Code
1. 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.						
IGNATURE		Albert March	- BI			red when reinstating) DATE
2.	Signature, typed or printed name of registered agent a		: Registered	Agent	signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
rle I	OFFICERS AND DIRECTORS 13. D		TI F	·· ··	Change Addition	
	_	C PLLETE	1.1 N			
ME	Jones, Gloria G 4301 Confederate Pt. Rd. #2	244			ADDOECC	
REET ADDRESS		14			ADDRESS	•
TY-ST-ZIP	ACKSONVILLE FL			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
	–					
ME	THOMPSON, CATHERINE			2.2 NAME		·
REET ADDRESS				2.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL 32218 □ DELETE		_	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
						_ crange
ME	or to the, took		3.2 N			
REET ADDRESS	See Briefinite the Wall			3.3 STREET ADDRESS		
ry-st-zip	JACKSONVILLE FL 32218			3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
LE		☐ <u>\\</u> \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1			[] Cilarige [] Addition
ME			4. 2 N			
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LE		☐ DELETE	5.1 TI 5.2 N/			☐ Change ☐ Addition
ME					ADDRESS	
REET ADORESS					ADDRESS	•
ry-st-zip			5.4 CI 6.1 TI	TY-ST	-ZP	Change Addition
LE		☐ DELETE	0.111	115		☐ Change ☐ Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TREET ADDRESS

4. 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, with all other like empowered.

FILED

Feb 20, 1999 8:00 am Secretary of State

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