2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
03-23-2000 90039 047 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002540

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Gloria Jones 4301 Confederate Pt Rd Suite, Apt. #, etc. Apt 214
City & State	Jax FL 32210 City & State
Zip / Country	Zip: 32209 / Country: DUVAL

4. FEI Number 59-3209971 ☐ 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
JONES, CHARLES A 4301 CONFEDERATE PT RD 214 JACKSONVILLE FL 32210	Name: LEO A. GIPSON, PASTOR/FOUNDER Street Address (P.O. Box Number is Not Acceptable): 2045 TUSKEGEE ROAD City: JACKSONVILLE, FL Zip Code: 32209

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: Leo A Gipson — LEO A. GIPSON, PASTOR/FOUNDER — JULY 18, 2000
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
After September 13, 2000 min. will be $236.25

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	D JONES, GLORIA G 4301 CONFEDERATE PT. RD. #214 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, CATHERINE 10654 DODD RD JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRARS, ISJE 900 BROWARD RD #227 JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor/Founder Leo A Gipson 2045 Tuskegee Rd Jax, Fl 32209	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition

CR2E037 (5/00)

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: Leo A Gipson SIGNATURE REQUIRED — LEO A. GIPSON, PASTOR — JULY 18, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #