

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002540**

1. Entity Name

**ALL DENOMINATION CHURCH OF JESUS CHRIST, INC.**

Principal Place of Business

Mailing Address

2045 TUSKEGEE RD.  
JACKSONVILLE FL 32209  
USC/O GLORIA JONES  
4301 CONFEDERATE PORT RD., APT. 214  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

GIPSON, LEO A  
2045 TUSKEGEE RD.  
JACKSONVILLE FL 32209Name **MARLON D. GRIFFIN** *pastor*

Street Address (P.O. Box Number is Not Acceptable)

**2045 TUSKEGEE RD.**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 **PASTOR MARLON D. GRIFFIN**

Signature, typed or printed name of registered agent and title if applicable.

*Rev. Marlon D. Griffin*

(NOTE: Registered Agent signature required when reinstating)

**1-21-01**

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 **D** ☐ Delete  
NAME **JONES, GLORIA G**  
STREET ADDRESS **4301 CONFEDERATE PT. RD. #214**  
CITY-ST-ZIP **JACKSONVILLE FL 32210** *T*TITLE **D** ☐ Delete  
NAME **THOMPSON, CATHERINE**  
STREET ADDRESS **10654 DODD RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**TITLE **D** ☒ Delete  
NAME **SPRARS, ISJE**  
STREET ADDRESS **900 BROWARD RD #227**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**TITLE **PF** ☒ Delete  
NAME **GIPSON, LEO A**  
STREET ADDRESS **2045 TUSKEGEE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME **Thompson, Catherine**  
STREET ADDRESS **8432 Spencer Trace Ct.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32244** *T*TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME **Gipson, James L.**  
STREET ADDRESS **4301 Confederate Pt. Rd. #214**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32210** *D. T.*TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rev. Marlon D. Griffin* **MARLON D. GRIFFIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-1

Date

(904) 919-4455

Daytime Phone #

CR2E037 (10/00)