

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002540

1. Entity Name

ALL DENOMINATION CHURCH OF JESUS CHRIST, INC.

FILED

Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90194 050 ****61.25

Principal Place of Business

2045 TUSKEGEE RD.
JACKSONVILLE FL 32209
US

Mailing Address

C/O GLORIA JONES *2166 Jammes Rd.*
~~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 & State

City & State

4. FEI Number 59-3209971

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRIFFIN, MARLON D PASTOR
2045 TUSKEGEE RD.
JACKSONVILLE FL 32209

Delete

Name *James Edmondson - Pastor*

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

2045 Tuskegee Rd.

City *Jacksonville Florida 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

Gloria y. Jones *Gloria Jones* *Secretary*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

3-27-02
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 *TD* ☐ Delete
NAME JONES, GLORIA G
STREET ADDRESS ~~4301 CONFEDERATE PT RD. #214~~
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME *Gloria y. Jones*
STREET ADDRESS *2166 Jammes Rd*
CITY-ST-ZIP *Jax, Fla. 32210*

TITLE *D* ☐ Delete
NAME THOMPSON, CATHERINE
STREET ADDRESS ~~8432 SPENCER TRACE CT~~
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TD* ☒ Delete
NAME GIPSON, JAMES L
STREET ADDRESS ~~4801 CONFEDERATE PT RD #214~~
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☒ Addition
NAME *Jerry R. Gipson*
STREET ADDRESS *2166 Jammes Rd*
CITY-ST-ZIP *JAX, Fla. 32210*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *First Lady*
STREET ADDRESS *Gwendolyn Edmondson*
CITY-ST-ZIP *5136 Arrowsmith Ad Jax, Fla. 32208*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

Gloria y. Jones *Gloria Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02
Date

First Lady
(904) 768-1325
Daytime Phone #

CR2E037 (9/01)