

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90172 049 \*\*\*\*61.25

**DOCUMENT # N99000007300**

1. Entity Name

**ALL PEOPLE CHURCH OF GOD, INC.**

Principal Place of Business

4564 TRENTON DR.  
 JACKSONVILLE FL 32209

Mailing Address

4564 TRENTON DR.  
 JACKSONVILLE FL 32209

2. Principal Place of Business

319 W. 21st St  
 Suite, Apt. #, etc.

3. Mailing Address

4564 Trenton Dr. So.  
 Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

City & State

Jacksonville Fla.

4. FEI Number

N 99000007300

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PAUL  
 4564 TRENTON DR.  
 JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name: Rev. Paul Green  
 Street Address (P.O. Box Number is Not Acceptable): 4564 Trenton Dr. So.  
 Jacksonville, Fla. 32209  
 City: Jacksonville State: 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

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

TITLE: Secretary  
 NAME: Amanda Brown  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME: Ophelia Green  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Green Pastor

Date

Daytime Phone #

CR2E037 (5/00)