

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007300

1. Entity Name

ALL PEOPLE CHURCH OF GOD, INC.

FILED

Jul 10, 2002 8:00 am  
Secretary of State

07-10-2002 90181 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

319 W 21 STREET  
JACKSONVILLE FL 32209

4564 TRENTON DR. S  
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3651341

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

GREEN, PAUL  
4564 TRENTON DR.  
JACKSONVILLE FL 32209

Name

PAUL GREEN

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

4564 TRENTON DR. S.

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

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

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 PD  
NAME GREEN, PAUL  
STREET ADDRESS 4564 TRENTON DR.  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE DV  
NAME GREEN, OPHELIA  
STREET ADDRESS 4564 TRENTON DR.  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE T  
NAME HENRY, LOUISE  
STREET ADDRESS 205 E 44TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE S  
NAME BROWN, TAWANDA  
STREET ADDRESS 3962 WINTON DR  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE SA PASTOR  
NAME Elder James O. Brown  
STREET ADDRESS P.O. Box 845  
CITY-ST-ZIP FOLKSTONE GA. 31537 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E037 (9/01)