## **NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1199000007300

All People Church of God, Inc



## FILED Oct 01, 2004 8:00 am **Secretary of State**

10-01-2004 90002 032 \*\*\*\*70.00

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2. Principal Place of Business 319 W 21 Stree 4564 Trenton Dr. S Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number Applied For acksbnville, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2209 Fee Required 7. Name and Address of Current Registered Agent

> DO NOT WRITE IN THIS SPACE

reen Box Number is Not Acceptable) Street Adds

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to

9-28-04

Zip Code

9. Election Campaign Financing Trust Fund Contribution Initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. TITLE Paul Green NAME NAME +564 Trenton Dr. STREET ADDRESS STREET ADDRESS Sacksonville, FL 32209 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Ophelia Green NAME NAME 4564 Trenton Dr. Jacksonville, FL 32209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Stophene M. Sanders NAME NAME 1332 Orton St. STREET ADDRESS STREET ADDRESS DO NOT WRITE Jacksonville, FL 32205 CITY-ST-ZIP CITY ST-ZIP TITLE TITLE IN THIS SPACE Tawanda Brown 3962 winton Dr. Jacksonville, FL 32208 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Tames E. Everett NAME MASSE STREET ADDRESS P.O.BOX 845 STREET ADDRESS Folkston GA 31537 CITY-ST-ZIP TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E037B (12/02