

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

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

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

DOCUMENT # 1199000007300

1. Entity Name

All People Church of God, Inc



DO NOT WRITE IN THIS SPACE

54073816

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

319 W 21st Street

Suite, Apt. #, etc.

3. Mailing Address

4564 Trenton Dr. S

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

Zip

32209

Country

4. FEI Number

59-3651341

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Green

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

4564 Trenton Dr.

City

Jacksonville

FL

Zip Code

32209

**DO NOT WRITE
IN THIS SPACE**

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

Paul Green

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-28-04

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Paul Green
STREET ADDRESS	4564 Trenton Dr.
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	D/V
NAME	Ophelia Green
STREET ADDRESS	4564 Trenton Dr.
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	
NAME	Stephene M. Sanders
STREET ADDRESS	1332 Orton St.
CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	S
NAME	Tawanda Brown
STREET ADDRESS	3962 Winton Dr.
CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	V/P
NAME	James E. Everett
STREET ADDRESS	P.O. Box 845
CITY-ST-ZIP	Folkston, GA 31537
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James E. Everett

9-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)