

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 771160 (9)**

1. Corporation Name  
**ALL NATIONS CHURCH OF GOD BY FAITH, INC.**



Principal Place of Business *New Address* Mailing Address  
~~2850 FREEMONT TERRACE SOUTH~~ 3850 9TH AVE. SO.  
ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33711  
*3000 - 4th Ave. South.*  
*St. Petersburg Fl, 33712*  
US

3. Date Incorporated or Qualified **11/08/1983** 3a. Date of Last Report **04/07/1995**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FEI Number	Applied For
	<b>59-2433685</b>	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WILLIAMS, JAMES E.**  
**3850 NINTH AVENUE SOUTH**  
**ST. PETERSBURG FL 33711**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOWERS, MAJOR</b>	
STREET ADDRESS	<b>2323 35TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JOHNNIE L (PASTR)</b>	
STREET ADDRESS	<b>3850 NINTH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JAMES E.</b>	
STREET ADDRESS	<b>3850 NINTH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, DOROTHY</b>	
STREET ADDRESS	<b>2005 28TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, B. G.</b>	
STREET ADDRESS	<b>1835 27TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLS, WAYNE</b>	
STREET ADDRESS	<b>317-41ST STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Johnnie Lee Williams* (Johnnie Lee Williams)

813-327-2656

CR2E037 (12/95)