

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90011 042 ****61.25

DOCUMENT # 771160

1. Corporation Name

ALL NATIONS CHURCH OF GOD BY FAITH, INC.

Principal Place of Business
3000 4TH AVE S
ST. PETERSBURG FL 33712
US

Mailing Address
3850 9TH AVE. SO.
ST. PETERSBURG FL 33711
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2433685	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	FLOWERS, MAJOR	1.2 NAME	Wells, Wayne
STREET ADDRESS	2323 35TH STREET SOUTH	1.3 STREET ADDRESS	1600 - Fairway Ave. so.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg FL
TITLE	P	2.1 TITLE	
NAME	WILLIAMS, JOHNNIE L (PASTR	2.2 NAME	
STREET ADDRESS	3850 NINTH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WILLIAMS, JAMES E.	3.2 NAME	
STREET ADDRESS	3650 NINTH AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BRADLEY, DOROTHY	4.2 NAME	
STREET ADDRESS	2005 28TH STREET SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	DAVIS, B. G.	5.2 NAME	
STREET ADDRESS	1835 27TH STREET SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	WELLS, WAYNE	6.2 NAME	Minicy, Jeremiah
STREET ADDRESS	317-41ST STREET SOUTH	6.3 STREET ADDRESS	8101 38 Ave. SO
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL

14. 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 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, with all other like empowered.

SIGNATURE: *Johnnie Lee Williams* Johnnie Lee Williams 727-327-2651
7-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)