

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771160

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: ALL NATIONS CHURCH OF GOD BY FAITH, INC.

**Current Principal Place of Business:**

3000 4TH AVE S  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

5319--CORDOVA WAY SO.  
ST. PETERSBURG, FL 33712 US

**New Mailing Address:**

FEI Number: 59-2433685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, JAMES E.  
5319--CORDOVA WAY SO.  
ST. PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MINCY, JEREMIAH  
Address: 810 38 AVE SO  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: P ( ) Delete  
Name: WILLIAMS,JOHNNIE L(P, ASTR  
Address: 5319 --CORDOVA WAY SO.  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VD ( ) Delete  
Name: WILLIAMS, JAMES E.,  
Address: 5319--CORDOVA WAY SO.  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: SD ( ) Delete  
Name: BRADLEY, DOROTHY,  
Address: 3850 --9TH AVE.SO.  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: TD ( ) Delete  
Name: ALVIN WILLIAMS.,  
Address: 800-- 64 AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: CD ( ) Delete  
Name: WELLS, WAYNE,  
Address: 1600 FAIRWAY AVE SO  
City-St-Zip: ST. PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNIE LEE WILLIAMS

P

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date