2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2005
Secretary of State

DOCUMENT# N04000001269

Entity Name: ALL NATIONS FOR CHRIST MINISTRIES, INC.

Current Principal Place of Business:

32 NW 54TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

15020 NW 2ND AVENUE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 32-1990121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOEL, BELIZARIO
15020 NW 2ND AVENUE
MIAMI, FL 33168 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: D ( ) Delete
Name: NOEL, BELIZARIO
Address: 15020 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: JACQUES, VITELUS
Address: 1660 NE 180TH ST., APT. 109
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete
Name: VELEZ, CAROLYN ANN
Address: 17907 NW 78TH PLACE
City-St-Zip: HIALEAH, FL 33183

Title: D ( ) Delete
Name: BATAILLE, JULIO LOUIS
Address: 735 NE 88TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: LACORNE, JACQUELINE
Address: 585 NE 160TH STREET
City-St-Zip: MIAMI, FL 33162

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BELIZARIO NOEL D 06/23/2005

Electronic Signature of Signing Officer or Director — Date