

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-16-2007 90028 022 ****70.00

3/1



1st MOORE CR2E037 (10/06)

DOCUMENT # N05000001949			
1. Entity Name ALL NATIONS BAPTIST CHURCH, INC			
Principal Place of Business 795 BEAL PKWY FORT WALTON BEACH FL 32547		Mailing Address 795 BEAL PKWY FORT WALTON BEACH FL 32547	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		MYUNG HOON HAHN Suite, Apt. #, etc. 1011 CLAEVEN CIRCLE	
City & State		City & State FORT WALTON BEACH FL	
Zip	Country	Zip	Country
32547	USA	32547	USA
4. FEI Number 76-0772340		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAHN, MYUNG-HOON 2113 WILDERNESS PATH FORT WALTON BEACH FL 32547		I am <u>MYUNG HOON HAHN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1011 CLAEVEN CIRCLE 32547</u> City <u>FORT WALTON BEACH FL</u> Zip Code	
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 <u>[Signature]</u>		DATE <u>Feb. 28, 2007</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDT, SUN T 1557 MEADOWBROOK CT NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, MARIA 30 SOLAR ST MARY ESTHER FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUDWIG, O S 818 SAINT JOSEPH COVE NICEVILLE FL 32598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYUNG HOON HAHN 1011 CLAEVEN CIRCLE FORT WALTON BEACH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>O Son Ludwig</u>		Date <u>10 Apr 07</u> (850) 897-1198	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	