

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0071236

DOCUMENT # N97000001739

1. Entity Name

ALL FAITHS CHURCH, INC.

04-04-2001 90056 012 ****61.25

Principal Place of Business

500 JOEL BLVD
L
LEHIGH ACRES FL 33972
US

Mailing Address

205 JOEL BLVD
#116
LEHIGH ACRES FL 33972

041039

2. Principal Place of Business

500 Joel Blvd
Suite, Apt. #, etc.
Lehigh Acres, FL
City & State

3. Mailing Address

205 Joel Blvd
Suite, Apt. #, etc.
#116
City & State
Lehigh Acres, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0648574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, CHARLES
610 GERALD AVE
APT. #326
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Charles Hoskins / Charles Hoskins President 4-2-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, CHARLES 1820 ROCKFORD BOULEVARD LEHIGH ACRES FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, FLINT 310 JACKSON STREET LEHIGH ACRES FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOSKINS, JOAN 1820 ROCKFORD BOULEVARD LEHIGH ACRES FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSKINS, WILLIAM 1820 ROCKFORD BOULEVARD LEHIGH ACRES FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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:

Charles Hoskins / Charles Hoskins 4-2-2001 (941) 303-2046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)