

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001739

FILED
Apr 28, 2004
Secretary of State**Entity Name:** ALL FAITHS CHURCH, INC.**Current Principal Place of Business:**500 JOEL BLVD
LEHIGH ACRES, FL 33972 US**New Principal Place of Business:****Current Mailing Address:**500 JOEL BLVD
#116
LEHIGH ACRES, FL 33972 US**New Mailing Address:****FEI Number:** 65-0648574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOSKINS, CHARLES
610 GERALD AVE
APT. #326
LEHIGH ACRES, FL 33972**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:** PD () Delete
Name: HOSKINS, CHARLES
Address: 1820 ROCKFORD BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** D () Delete
Name: HOPPER, FLINT
Address: 310 JACKSON STREET
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** STD () Delete
Name: HOSKINS, JOAN
Address: 1820 ROCKFORD BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** VD () Delete
Name: HOSKINS, WILLIAM
Address: 1820 ROCKFORD BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** MM () Delete
Name: RINYMUTH, ALAN
Address: 1723 MOKENO AVE
City-St-Zip: FORT MYERS, FL 33901**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: CHARLES HOSKINS

PD

04/28/2004

Electronic Signature of Signing Officer or Director_____
Date