

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001739

FILED
Jan 22, 2009
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:

500 JOEL BLVD
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

500 JOEL BLVD
LEHIGH ACRES, FL 33972 US

New Mailing Address:

500 JOEL BLVD
LEHIGH ACRES, FL 33936 US

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
13561 LITTLE GEM CIR
FT MYERS, FL 33913 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: PD () Delete
Name: HOSKINS, CHARLES
Address: 13561 LITTLE GEM CIR
City-St-Zip: FT MYERS, FL 33913

Title: D () Delete
Name: HOPPER, FLINT
Address: 310 JACKSON STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: STD () Delete
Name: HOSKINS, REBECCA
Address: 13561 LITTLE GEM CIR
City-St-Zip: FT MYERS, FL 33913

Title: VD () Delete
Name: HOSKINS, WILLIAM
Address: 1820 ROCKFORD BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MM () Delete
Name: RINGSMUTH, ALAN
Address: 1723 MORENO AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOSKINS, REBECCA
Address: 13561 LITTLE GEM CIR
City-St-Zip: FORT MYERS, FL 33913

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

Title: VD (X) Change () Addition
Name: BREEN, RICHARD
Address: 120 IRVING AVE
City-St-Zip: LEHIGH ACRES, FL 33936

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: CHARLES HOSKINS

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date