

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90071 024 ****61.25

DOCUMENT # N97000001739

1. Entity Name

ALL FAITHS CHURCH, INC.



Principal Place of Business

**500 JOEL BLVD
LEHIGH ACRES FL 33972
US**

Mailing Address

**500 JOEL BLVD
#116
LEHIGH ACRES FL 33972
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Hoskins

3-1-2003

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
Florida 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	D HOPPER, FLINT 310 JACKSON STREET LEHIGH ACRES FL 33936	☐ Delete
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	VD HOSKINS, WILLIAM 1820 ROCKFORD BOULEVARD LEHIGH ACRES FL 33936	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUSIC MINISTER Alan Ringmuth 1723 Mokeno Ave. Ft. Myers, FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2003

CR2E037 (10/02)