


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90015 037 ****70.00

DOCUMENT # N05000001949

1. Entity Name
ALL NATIONS BAPTIST CHURCH, INC



Principal Place of Business Mailing Address

**795 BEAL PKWY
 FORT WALTON BEACH FL 32547** **795 BEAL PKWY
 FORT WALTON BEACH FL 32547**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **76-0792340** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAHN, MYUNG-HOON
 2113 WILDERNESS PATH
 FORT WALTON BEACH FL 32547**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CODD, KWI-YE	
STREET ADDRESS	1620 JANET LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUN, WOO-SUN	
STREET ADDRESS	902 ALOMA FAY LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAHN, MYUNG-HOON	
STREET ADDRESS	2113 WILDERNESS PATH	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sun Tuk Sandt	
STREET ADDRESS	1559 Meadowbrook Ct	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	maria cook	
STREET ADDRESS	30 Solar St.	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O Son Ludwig	
STREET ADDRESS	818 Saint Joseph Cove	
CITY-ST-ZIP	Niceville FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **HAHN MYUNG-HOON** *M Myung Hahn* 08 Feb 2006 (850) 862-4811