

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# N05000010368

Entity Name: ALL NATIONS APOSTOLIC MINISTRIES, INC.

Current Principal Place of Business:

9410 NW 8TH CIRCLE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9410 NW 8TH CIRCLE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 76-0802982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DISLA, KILSY E
9410 NW 8TH CIRCLE
PLANTATION, FL 33324,USA 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: PR () Delete
Name: SILVA, CESAR O
Address: 9410 NW 8TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: BOZAN, ANAIS R
Address: 8948 NW 6TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: SEC () Delete
Name: DISLA, KILSY E
Address: 9410 NW 8TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: TRE. (X) Delete
Name: PEPIN, BRIGITTE
Address: 1173 SW 120TH WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/TR (X) Change () Addition
Name: DISLA, KILSY E
Address: 9410 NW 8TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

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: KILSY E. DISLA

S/TR

06/05/2007

Electronic Signature of Signing Officer or Director

_____ Date