

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008357

**FILED**  
**Apr 12, 2021**  
**Secretary of State**  
**6019653379CC**

**Entity Name:** "ALL NATION" END-TIME MINISTRIES INC

**Current Principal Place of Business:**

2404 COUNTRY CLUB DR.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2405 COUNTRY CLUB DR.  
TALLAHASSEE, FL 32301 US

**FEI Number:** 32-0126373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALSTON, VICTORIA  
2405 COUNTRY CLUB DR.  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title D  
Name ALSTON, VICTORIA  
Address 2405 COUNTRY CLUB DR.  
City-State-Zip: TALLAHASSEE FL 32301

Title O  
Name ALSTON, WILLIE  
Address 2405 COUNTRY CLUB DR.  
City-State-Zip: TALLAHASSEE FL 32301

Title O  
Name HINSON, ROBERT  
Address 1944 12 AVE SOUTH  
City-State-Zip: ST PETE FL 33759

Title O  
Name HOLMES, ALICE  
Address 2405 COUNTRY CLUB DR  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE: VICTORIA ALSTON**

**REGISTERED AGENT**

**04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date