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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400008357

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

Current Principal Place of Business:

604 NORTHWAY DARIEN, GA 31305

Current Mailing Address:

P. O. BOX 1621 DARIEN, GA 31305 14

FEI Number: 32-0126373

Name and Address of Current Registered Agent:

ALSTON, VICTORIA 704 RIDGE RD. DARIEN, FL 31305 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	0
Name	ALSTON, VICTORIA	Name	ALSTON, WILLIE
Address	P. O. BOX 1621	Address	708 RIDGE RD.
City-State-Zip:	DARIEN GA 31305	City-State-Zip:	DARIEN GA 31305
Title	0	Title	0
Title Name	O HINSON, ROBERT	Title Name	O HOLMES, ALICE
	-		-

DIRECTOR DETAIL

04/23/2015

Date