

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009160

Entity Name: ALL SAINTS COMMUNITY CHURCH, INC.**Current Principal Place of Business:**1725 SOUTH VOLUSIA AVE
ORANGE CITY, FL 32763**Current Mailing Address:**176 EUCLID AVE NORTH
LAKE HELEN, FL 32744**FEI Number:** 20-8472861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR AND NORDMAN, ATTORNEYS
112 N FLORIDA AVE
DELAND, FL 32720 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:** MICHAEL P. NORDMAN

03/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DTR
Name O'KEEFE, BONNIE S
Address P.O.BOX 3043
City-State-Zip: DELAND FL 32721

Title D
Name SHARPE, WILLIAM REV
Address 323 BLUE LAKE TERR
City-State-Zip: DELAND FL 32720

Title S
Name MARSHALL, BRENT
Address PO BOX 57
City-State-Zip: CASSADAGA FL 32706

Title CPMD
Name LONG, CHAPLAIN LEWIS CIII USAF (RET)
Address 176 EUCLID AVE NORTH
City-State-Zip: LAKE HELEN FL 32744

Title D
Name FINN, STEPHEN M
Address P.O.BOX 129
City-State-Zip: LAKE HELEN FL 32744

Title V
Name MUSSER, DONALD W DR.
Address STETSON UNIV UNIT 8354
421 N. BLVD
City-State-Zip: DELAND, FL 32723

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: CHAPLAIN LEWIS C. LONG III USAF(RET)

CPMD

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date