

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001724

**Entity Name:** ALL NATIONS CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

75 COURTLAND BLVD  
DELTONA, FL 32738

**Current Mailing Address:**

P.O.BOX 390573  
DELTONA, FL 32739 US

**FEI Number: 45-0659124**

**Certificate of Status Desired: No**

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

MONROE, JERRY L  
2941 COTTAGEVILLE ST  
DELTONA, FL 32738 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            PRES.  
Name            MONROE, JERRY L  
Address        2941 COTTAGEVILLE ST  
City-State-Zip: DELTONA FL 32738

Title            MEM  
Name            SPEARS-WALKER, ANGELICA  
Address        455 COURTLAND BLVD  
City-State-Zip: DELTONA FL 32738

Title            MEM  
Name            MONROE, KIMBERLY  
Address        2941 COTTAGEVILLE ST  
City-State-Zip: DELTONA FL 32738

Title            TRUS.  
Name            WALKER, CLEOPHAS C  
Address        455 COURTLAND BLVD  
City-State-Zip: DELTONA FL 32738

Title            MEM  
Name            JOHNSON, DOROTHY  
Address        2941 COTTAGEVILLE ST  
City-State-Zip: DELTONA FL 32738

*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: JERRY L. MONROE**

**PRES.**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date