

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90048 014 ****70.00

DOCUMENT # 718709

1. Entity Name

CHURCH OF ALL NATIONS, INC.

Principal Place of Business

**1000 U S HIGHWAY 27 SOUTH
 SOUTH BAY FLA 33493**

Mailing Address

**PO BOX 741
 SOUTH BAY FL 33493**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7080563

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBB, W.M. JR
 1000 SO. HWY 27
 SOUTH BAY FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **COBB, W.M. JR**
 STREET ADDRESS **1000 U S HIGHWAY 27 SOUTH**
 CITY-ST-ZIP **SOUTH BAY FLA 33493**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **WESTON, WALTER**
 STREET ADDRESS **120 SW 10TH AVE**
 CITY-ST-ZIP **SOUTH BAY FL 33493**

TITLE **EDWARD TANKSLEY VD** ☐ Change ☒ Addition
 NAME **6311 Co.Rd. 54 South**
 STREET ADDRESS **CLOPTON AL. 36317**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **COBB, FRANCES**
 STREET ADDRESS **1000 U S HIGHWAY 27 SOUTH**
 CITY-ST-ZIP **SOUTH BAY FLA 33493**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.M. Cobb JR **REQUIRE** **W.M. Cobb JR** **4/6/01** **561 996 2660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)