2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-17-2005 90032 020 ****61.25

DOCUMENT # 730922

1. Entity Name

ALL FAITHS UNITED CHURCH OF CHRIST, INC.

2/

DDUUDGUJ

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
34006 CORTEZ BLVD RIDGE MANOR FL 33523 US	34006 CORTEZ BLVD. RIDGE MANOR FL 33525

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 59-1712707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAUER, C. LEIGH
26415 CONTIENA LN
BROOKSVILLE FL 34602

7. Name and Address of New Registered Agent

Name: LESTER B. COUPLAND JR

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

36351 LAKE PASADENA RD

City: DADE CITY FL Zip Code: 33525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lester B Coupland TREASURER 2-10-05

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HALL, MEL 5125 WESTLAKE BLVD RIDGE MANOR FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T BLANCHARD, LEON 29129 JOHNSON RD DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HUGHES, DAN 7050 LEXINGTON CIRCLE ROCK MANOR, FL 34602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T WARNER, WILLIAM 7055 WINDMERE RD. BROOKSVILLE FL 34602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T KOHLER, DAN 12476 AGATHA LANE SPRING HILL, FL 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: Lester B Coupland 2-10-05 (352) 567-7349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MEL HALL Mel Hall 2/16/05 352-583-2447