

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **731940** (3)

1. Corporation Name

**ALL SAINTS CHURCH, INC.**



Principal Place of Business

Mailing Address

**4797 CURTIS BLVD  
COCOA FL 32927**

**4797 CURTIS BLVD  
COCOA FL 32927**

3. Date Incorporated or Qualified  
**02/20/1975**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-1753743**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YANTSIOS, YVONNE W.  
1400 HANNAH DRIVE  
MERRITT ISLAND FL 32952**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CONLEY, RICHARD**  
STREET ADDRESS **20 OHIO STREET**  
CITY-ST-ZIP **WEST COCOA, FL 0**

TITLE ☐ DELETE  
NAME **D YANTSIOS, JOHN N., JR**  
STREET ADDRESS **211 CAROLINE STREET, K-7**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ DELETE  
NAME **D ANDERSON, BRIAN**  
STREET ADDRESS **5135 HOGAN PLACE**  
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE  
NAME **PV DORMAN, CLARK H**  
STREET ADDRESS **3620 UPTON DR**  
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☐ DELETE  
NAME **D BARNEWALL, KENNETH**  
STREET ADDRESS **4801 DOREEN RD**  
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE  
NAME **ST YANTSIOS, YVONNE**  
STREET ADDRESS **1400 HANNAH DR**  
CITY-ST-ZIP **MERRITT ISL, FL 00000**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**4950 Carter Street**

1.4 CITY-ST-ZIP

**cocoa, FL 32927**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**Cape Canaveral, FL 32920**

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

**Cocoa, FL 32927**

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

**Orlando, FL 32806**

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

**Cocoa, FL 32927**

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

**Merritt Island, FL 32952**

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Clark H. Dorman*

**Clark H. Dorman**

**President/Vice President**

**2/5/96**

**407-632-7634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)