

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90017 032 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731940**

1. Corporation Name

**ALL SAINTS CHURCH, INC.**

Principal Place of Business  
4797 CURTIS BLVD  
COCOA FL 32927

Mailing Address  
4797 CURTIS BLVD  
COCOA FL 32927



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1975</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1753743</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLEY, RICHARD</b>	1.2 NAME	<b>Conley, Richard T.</b>
STREET ADDRESS	<b>4950 CARTER STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	1.4 CITY-ST-ZIP	<b>Cocoa, FL 32927</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANTSIOS, JOHN N., JR</b>	2.2 NAME	
STREET ADDRESS	<b>211 CAROLINE STREET, K-7</b>	2.3 STREET ADDRESS	<b>3465 Sandpiper Ct.</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	2.4 CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BRIAN</b>	3.2 NAME	<b>Anderson, Brian G.</b>
STREET ADDRESS	<b>5135 HOGAN PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	3.4 CITY-ST-ZIP	<b>Cocoa, FL 32927</b>
TITLE	<b>PV</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORMAN, CLARK H</b>	4.2 NAME	<b>Waterhouse, Ralph F.</b>
STREET ADDRESS	<b>3620 UPTON DR</b>	4.3 STREET ADDRESS	<b>5467 Windcrest Ct.,</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRALL, PAUL R</b>	5.2 NAME	<b>Piastuch, William C.</b>
STREET ADDRESS	<b>18 OHIO ST</b>	5.3 STREET ADDRESS	<b>804 Hillsdale Dr.</b>
CITY-ST-ZIP	<b>COCOA FL</b>	5.4 CITY-ST-ZIP	<b>Cocoa, FL 32922</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANTSIOS, YVONNE</b>	6.2 NAME	<b>Yantsios, Yvonne W.</b>
STREET ADDRESS	<b>1400 HANNAH DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph F. Waterhouse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph F. Waterhouse**  
President

**17/99**  
3-17-99

407-632-7634

Daytime Phone #

CR2E037 (1/98)