## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 02, 2004 8:00 am Secretary of State **DOCUMENT # 731940** 1. Entity Name 08-02-2004 90005 001 \*\*\*\*61.25 ALL SAINTS CHURCH, INC. Principal Place of Business Mailing Address 4797 CURTIS BLVD 4797 CURTIS BLVD COCOA FL 32927 **COCOA FL 32927** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FE! Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANTSIOS, YVONNE W. Street Address (P.O. Box Number is Not Acceptable) 1400 HANNAH DRIVE MERRITT ISLAND FL 32952 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 Delete TITLE Change Addition RICHARD D. WEBER 5070 CARRICK ROOM CONLEY, RICHARD T NAME NAME 4950 CARTER STREET STREET ADDRESS STREET ADDRESS PORT ST JOHN, FL 32927 CITY-ST-ZIP COCOA-FL-32927 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition CAVALLUZZI, GIACOMO A NAME NAME 395 BACARDI DR. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition Change Albert J. BACK 5165 MAYFlower STREET <del>ANDERSON, BRIAN G</del> NAME 5135 HOGAN PLACE STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP CITY-ST-ZIP PORT ST JOHN, FL 32927 TITLE TITLE Change ☐ Delete ☐ Addition MCCOMAS, GREGORY C NAME NAME 6300 ARBORWOOD AVE. STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP PORT ST JOHN CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition PIASTUCH, WILLIAM C NAME NAME 804 HILLSDALE DR. STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition YANTSIOS, YVONNE W NAME NAME 1400 HANNAH DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-7IP CITY-ST-ZIP

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 ichanged, or on an attachment with an address, with all other like empowered.

FILED