

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 731940

1. Entity Name
ALL SAINTS CHURCH, INC.



Principal Place of Business

**4797 CURTIS BLVD
COCOA, FL 32927**

Mailing Address

**4797 CURTIS BLVD
COCOA, FL 32927**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBER, RICHARD D
STREET ADDRESS	5070 CARRICK ROAD
CITY- ST- ZIP	COCOA, FL 32927
TITLE	D
NAME	CAVALLUZZI, GIACOMO A
STREET ADDRESS	395 BACARDI DR.
CITY- ST- ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	BACH, ALBERT J
STREET ADDRESS	5165 MAYFLOWER STREET
CITY- ST- ZIP	COCOA, FL 32927
TITLE	PV
NAME	MCCOMAS, GREGORY C
STREET ADDRESS	6300 ARBORWOOD AVE.
CITY- ST- ZIP	PORT ST JOHN, FL 32927
TITLE	D
NAME	PIASTUCH, WILLIAM C
STREET ADDRESS	804 HILLSDALE DR.
CITY- ST- ZIP	COCOA, FL 32922
TITLE	ST
NAME	YANTSIOS, YVONNE W
STREET ADDRESS	1400 HANNAH DR
CITY- ST- ZIP	MERRITT ISLAND, FL 32952

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01/11/06-80014-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY C. MCCOMAS

Date

1/5/06

Daytime Phone #

321-632-7634