

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR -7 AM 11:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 771160 (9)
1. Corporation Name
ALL NATIONS CHURCH OF GOD BY FAITH, INC.

Principal Place of Business: **2650 FREEMONT TERRACE SOUTH ST. PETERSBURG FL 33712**
Mailing Address: **3850 9TH AVE. SO. ST. PETERSBURG FL 33711 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1983** 3a. Date of Last Report: **04/01/1994**

4. FEI Number: **59-2433685** Applied For: Not Applicable:

5. Certificate of Status Desired: \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, JAMES E.
3850 NINTH AVENUE SOUTH
ST. PETERSBURG FL 33711**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FLOWERS, MAJOR
STREET ADDRESS	2323 35TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	P
NAME	WILLIAMS, JOHNNIE L (PASTR
STREET ADDRESS	3850 NINTH AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	WILLIAMS, JAMES E.
STREET ADDRESS	3850 NINTH AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	BRADLEY, DOROTHY
STREET ADDRESS	2005 28TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	DAVIS, B. G.
STREET ADDRESS	1835 27TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	T
NAME	WELLS, WAYNE
STREET ADDRESS	317-41ST STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Johnnie Lee Williams* Johnnie Lee Williams 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last Name First)
813-327-2656 (Last Name First) **813-327-5926**