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Feb 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 771160 (9)**

1. Corporation Name

**ALL NATIONS CHURCH OF GOD BY FAITH, INC.**

Principal Place of Business

**3000 4TH AVE S  
ST. PETERSBURG FL 33712  
US**

Mailing Address

**3850 9TH AVE. SO.  
ST. PETERSBURG FL 33711-2109  
US**



3. Date Incorporated or Qualified  
**11/08/1983**

3a. Date of Last Report  
**03/06/1996**

4. FEI Number  
**59-2433685**

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

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JAMES E.  
3850 NINTH AVENUE SOUTH  
ST. PETERSBURG FL 33711**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **FLOWERS, MAJOR**  
STREET ADDRESS **2323 35TH STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **WILLIAMS,JOHNNIE L(PASTR**  
STREET ADDRESS **3850 NINTH AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **WILLIAMS, JAMES E.**  
STREET ADDRESS **3850 NINTH AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **BRADLEY, DOROTHY**  
STREET ADDRESS **2005 28TH STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **DAVIS, B. G.**  
STREET ADDRESS **1835 27TH STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **WELLS, WAYNE**  
STREET ADDRESS **317-41ST STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

*Johnnie Lee Williams, Johnnie Lee Williams 2-17-97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

81-22 327-21 05 Phone # 0050824

CR2E037 (9/96)