

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 Jul 12, 1999 8:00 am
 Secretary of State

07-12-1999 90011 042 ****61.25

DOCUMENT # 771160

1. Corporation Name

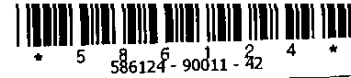
ALL NATIONS CHURCH OF GOD BY FAITH, INC.

Principal Place of Business

3000 4TH AVE S
 ST. PETERSBURG FL 33712
 US

Mailing Address

3850 9TH AVE. SO.
 ST. PETERSBURG FL 33711
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/08/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2433685	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, MAJOR	1.2 NAME	CD Wells, Wayne
STREET ADDRESS	2323 35TH STREET SOUTH	1.3 STREET ADDRESS	1600 - Fairway Ave. SO.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHNNIE L (PASTR)	2.2 NAME	
STREET ADDRESS	3850 NINTH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES E.	3.2 NAME	
STREET ADDRESS	3650 NINTH AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, DOROTHY	4.2 NAME	
STREET ADDRESS	2005 28TH STREET SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, B. G.	5.2 NAME	
STREET ADDRESS	1835 27TH STREET SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, WAYNE	6.2 NAME	T Mincy, Jeremiah
STREET ADDRESS	317-41ST STREET SOUTH	6.3 STREET ADDRESS	8101 38 Ave. SO
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL

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: *Johnnie Lee Williams* Johnnie Lee Williams 727-327-2651
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7-1-99 Daytime Phone #

CR2E037 (5/99)