

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90414 016 ****61.25

DOCUMENT # 771160

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2433685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
 NAME **MINCY, JEREMIAH**
 STREET ADDRESS **810 38 AVE SO**
 CITY-ST-ZIP **ST. PETERSBURG FL**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CD ☐ Delete
 NAME **WELLS, WAYNE**
 STREET ADDRESS **1600 FAIRWAY AVE SO**
 CITY-ST-ZIP **ST. PETERSBURG FL**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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

Johnnie Lee Williams

5/1/02

**727
 327-2656**

Daytime Phone #

CR2E037 (9/01)