


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 771160</b>	
<b>1. Entity Name</b> ALL NATIONS CHURCH OF GOD BY FAITH, INC.	

<b>Principal Place of Business</b> 3000 4TH AVE S ST. PETERSBURG FL 33712 US	<b>Mailing Address</b> 5319--CORDOVA WAY SO. ST. PETERSBURG FL 33712 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2433685	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, JAMES E. 5319--CORDOVA WAY SO. ST. PETERSBURG FL 33711	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>T</b> NAME: MINCY, JEREMIAH STREET ADDRESS: 810 38 AVE SO CITY-ST-ZIP: ST. PETERSBURG FL 33705	<input type="checkbox"/> Delete	<b>U000000214167</b> <b>02/03/05-80102-008 61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> NAME: WILLIAMS, JOHNNIE L(PASTR STREET ADDRESS: 5319 --CORDOVA WAY SO. CITY-ST-ZIP: ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VD</b> NAME: WILLIAMS, JAMES E. STREET ADDRESS: 5319--CORDOVA WAY SO. CITY-ST-ZIP: ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SD</b> NAME: BRADLEY, DOROTHY STREET ADDRESS: 3850 --9TH AVE.SO. CITY-ST-ZIP: ST. PETERSBURG FL 33711	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD</b> NAME: ALVIN WILLIAMS. STREET ADDRESS: 800-- 64 AVE. SO. CITY-ST-ZIP: ST. PETERSBURG FL 33705	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CD</b> NAME: WELLS, WAYNE STREET ADDRESS: 1600 FAIRWAY AVE SO CITY-ST-ZIP: ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **1-31-04 727-327-5926**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #