


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90017 041 \*\*\*\*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  
**5319--CORDOVA WAY SO.  
 ST. PETERSBURG, FL 33712 US**

**50019860**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**St 3000 4 AV. SO.**

Suite, Apt. #, etc.

City & State  
**St. Petersburg Fl**

City & State

Zip  
**33712**

Country  
**US**

Zip

Country



05122006 Chg-NP CR2E037 (4/06)

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**

**WILLIAMS, JAMES E.  
 5319--CORDOVA WAY SO.  
 ST. PETERSBURG, FL 33711**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	MINCY, JEREMIAH	
STREET ADDRESS	810 38 AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHNNIE L (PASTR	
STREET ADDRESS	5319 --CORDOVA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES E.	
STREET ADDRESS	5319--CORDOVA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADLEY, DOROTHY	
STREET ADDRESS	3850 --9TH AVE.SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVIN WILLIAMS.	
STREET ADDRESS	800-- 64 AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WELLS, WAYNE	
STREET ADDRESS	1600 FAIRWAY AVE SO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Johnnie Lee Williams* **Johnnie Lee Williams** **5/20/06** **727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 865-8282