


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-26-2006 90017 041 \*\*\*\*61.25

<b>DOCUMENT # 771160</b> 1. Entity Name <b>ALL NATIONS CHURCH OF GOD BY FAITH, INC.</b>					
Principal Place of Business <b>3000 4TH AVE S</b> <b>ST. PETERSBURG, FL 33712 US</b>			Mailing Address <b>5319--CORDOVA WAY SO.</b> <b>ST. PETERSBURG, FL 33712 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>ST 3000 4 AV. SO.</b> City & State <b>St. Petersburg FL</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>33712</b>		Country <b>US</b>	
4. FEI Number <b>59-2433685</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05122006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent <b>WILLIAMS, JAMES E.</b> <b>5319--CORDOVA WAY SO.</b> <b>ST. PETERSBURG, FL 33711</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MINCY, JEREMIAH</b> <b>810 38 AVE SO</b> <b>ST. PETERSBURG, FL 33705</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, JOHNNIE L(PASTR</b> <b>5319 --CORDOVA WAY SO.</b> <b>ST. PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WILLIAMS, JAMES E.</b> <b>5319--CORDOVA WAY SO.</b> <b>ST. PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRADLEY, DOROTHY</b> <b>3850 --9TH AVE.SO.</b> <b>ST. PETERSBURG, FL 33711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALVIN WILLIAMS.</b> <b>800-- 64 AVE. SO.</b> <b>ST. PETERSBURG, FL 33705</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WELLS, WAYNE</b> <b>1600 FAIRWAY AVE SO</b> <b>ST. PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE: Johnnie Lee Williams Johnnie Lee Williams 5/20/06 727</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>865-8282</b>					

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