

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771160

FILED
Feb 24, 2009
Secretary of State

Entity Name: ALL NATIONS CHURCH OF GOD BY FAITH, INC.

Current Principal Place of Business:

3000 4TH AVE S
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

5319--CORDOVA WAY SO.
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-2433685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MINCY, JEREMIAH
Address: 810 38 AVE SO
City-St-Zip: ST. PETERSBURG, FL 33705

Title: P () Delete
Name: WILLIAMS,JOHNNIE L(P, ASTR
Address: 5319 --CORDOVA WAY SO.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VD () Delete
Name: WILLIAMS, JAMES E.,
Address: 5319--CORDOVA WAY SO.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: SD () Delete
Name: BRADLEY, DOROTHY,
Address: 3850 --9TH AVE.SO.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: TD () Delete
Name: ALVIN WILLIAMS.,
Address: 800-- 64 AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: CD () Delete
Name: WELLS, WAYNE,
Address: 1600 FAIRWAY AVE SO
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNIE L. WILLIAMS

PAS

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date