

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90078 020 \*\*\*\*61.25



**DOCUMENT # 771160**

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

Principal Place of Business      Mailing Address  
**3000 4TH AVE S      3850 9TH AVE. SO.  
ST. PETERSBURG FL 33712      ST. PETERSBURG FL 33711  
US      US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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.  
3850 NINTH AVENUE SOUTH  
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)

**FILE NOW: FEE IS \$61.25**

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	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>MINCY, JEREMIAH</b>
STREET ADDRESS	<b>810 38 AVE SO</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WILLIAMS,JOHNNIE L(PASTR</b>
STREET ADDRESS	<b>3850 NINTH AVENUE SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JAMES E.</b>
STREET ADDRESS	<b>3850 NINTH AVENUE SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>BRADLEY, DOROTHY</b>
STREET ADDRESS	<b>2005 28TH STREET SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, B. G.</b>
STREET ADDRESS	<b>1835 27TH STREET SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>WELLS, WAYNE</b>
STREET ADDRESS	<b>1600 FAIRWAY AVE SO</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>

**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
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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 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 empowers.

SIGNATURE: *James E. Williams*

1-13-2003

CR2E037 (10/02)