

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



☐ CHECK HERE IF MAKING CHANGES

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
**3850 9TH AVE. SO.
ST. PETERSBURG FL 33711
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**WILLIAMS, JAMES E.
3850 NINTH AVENUE SOUTH
ST. PETERSBURG FL 33711**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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	
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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 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: *[Signature]*

Date

Daytime Phone #

1-13-2003

CR2E037 (10/02)