

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90016 022 ****61.25

DOCUMENT # F96000000589

1. Entity Name

ALL NATIONS PENTECOST CHURCH OF JESUS CHRIST,
INC.



Principal Place of Business

ALL NATIONS PENTECOST CHURCH
11878 W DIXIE HWY
N MIAMI FL 33161
US

Mailing Address

102 N. 13TH ST
PHOENIX AZ 85034
US

54018579



MOORE CR2E037 (11/03)

2. Principal Place of Business

8365 N/E 2nd Ave.
Suite, Apt. #, etc.
201

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL 33138

City & State

4. FEI Number

86-0469320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILOCIN, PIERRE V
11878 W DIXIE HWY
MIAMI FL 33161

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

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
Due By May 1, 2004

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 CP ☐ Delete
NAME LORING, ARTHUR
STREET ADDRESS 102 N. 13TH ST.
CITY-ST-ZIP PHOENIX AZ 85034

TITLE ST ☐ Delete
NAME LORING, HARRIET
STREET ADDRESS 102 N 13TH ST
CITY-ST-ZIP PHOENIX AZ 85034

TITLE D ☐ Delete
NAME ARBUCKLE, WILLIE
STREET ADDRESS 102 N. 13TH ST.
CITY-ST-ZIP PHOENIX AZ 85034

TITLE D ☐ Delete
NAME TOMLIN, ELIZABETH
STREET ADDRESS 102 N. 13TH ST.
CITY-ST-ZIP PHOENIX AZ 85034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04
602 252-1850
602 304-1211