

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90412 026 ****61.25

DOCUMENT # F99000004501

1. Entity Name

CHRIST FOR ALL NATIONS USA, INC.

Principal Place of Business

Mailing Address

**2400 SAMO LAKE ROAD
 #777
 ORLANDO FL 32809
 US**

**PO BOX 590588
 ORLANDO FL 32859
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2742504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HODGES, GEORGE
 250 SOUTH CR 427, STE 116
 LONGWOOD FL 32750**

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PCD BONNKE, REINHARD	<input type="checkbox"/> Delete
STREET ADDRESS	POSTFACH 60 05 74	
CITY-ST-ZIP	60335 FRANFURT, GERMANY	
TITLE NAME	VD VAN DEN BERG, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	MELSUNGER STR 1B	
CITY-ST-ZIP	60389 FRANKFURT, GERMANY	
TITLE NAME	TD HON, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	80 MONARCH BAY	
CITY-ST-ZIP	SOUTH LAGUNA CA	
TITLE NAME	D SCHOCH, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	559 ODIN DRIVE	
CITY-ST-ZIP	PLEASANT HILL CA	
TITLE NAME	D HENSCHKE, T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6328 EDGE O GROVE CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	VDS VAN DEN BERG, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MELSUNGER STR 1B	
CITY-ST-ZIP	FRANKFURT, GERMANY 60389	

TITLE NAME	VSD VAN DEN BERG, PETER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POSTFACH 60 05 74	
CITY-ST-ZIP	D-60335 FRANKFURT/MAIN, GERMANY	
TITLE NAME	TD HON, BARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25200 LA PAZ ROAD	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	
TITLE NAME	D SCHOCH, PAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	599 ODIN DRIVE	
CITY-ST-ZIP	PLEASANT HILLS CA 94523	
TITLE NAME	D HAYFORD, JACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14300 SHERMAN WAY	
CITY-ST-ZIP	VAN NUYS CA 91405	
TITLE NAME	D SETSER, GREG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2830 A OLD BROOKSIDE ROAD	
CITY-ST-ZIP	ONTARIO CA 91764	

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

4-5-02

Date

Daytime Phone #

CR2E037 (9/01)