


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90156 005 ****61.25

DOCUMENT # F99000004501

1. Entity Name
CHRIST FOR ALL NATIONS USA, INC.



Principal Place of Business
**2400 SAND LAKE ROAD
#777
ORLANDO FL 32809
US**

Mailing Address
**PO BOX 590588
ORLANDO FL 35859
US**

2. Principal Place of Business
2400 Sand Lake Road

3. Mailing Address
**Suite, Apt. #, etc.
Suite 777**

City & State
Orlando, FL

City & State
Orlando, FL

Zip **32809** Country **USA**

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4. FEI Number **94-2742504**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
George Hodges, EA

Street Address (P.O. Box Number is Not Acceptable)
585 S. Ronald Reagan Blvd.

Suite 121

City **Longwood** FL Zip Code **32750-5462**

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 *George Hodges* **George Hodges, EA** **4/22/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BONNKE, REINHARD POSTFACH 60 05 74 60335 FRANFURT, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VAN DEN BERG, PETER POSTFACH 60 05 74 FRANKFURT/MAIN GR D-603-5	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HON, BARRY 25200 LA PAZ RD LAGUNA HILLS CA 92653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOCH, PAUL 559 ODIN DRIVE PLEASANT HILL CA 94523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYFORD, JACK 14300 SHERMAN WAY VAN NUYS CA 91405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETSER, GREG 2830 A OLD SHERMAN WAY ONTARIO CA 91764	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED~~

4-29-03

CR2E037 (10/02)