

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90250 039 ****61.25

DOCUMENT # N00000001271					
1. Entity Name ALL FAITH CHAPEL, INC.					
Principal Place of Business 743 PLANTATION DRIVE TITUSVILLE, FL 32780			Mailing Address 743 PLANTATION DRIVE TITUSVILLE, FL 32780		
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 59-3692682	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, REV MICHAEL J 743 PLANTATION DRIVE TITUSVILLE, FL 32780			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTTENI, AL		NAME	GRANT R. SEAMAN	
STREET ADDRESS	411 PLANTATION DR.		STREET ADDRESS	789 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEAMAN, RICHARD		NAME	IERADI, LILLIAN	
STREET ADDRESS	789 E. PLANTATION DR.		STREET ADDRESS	525 FAIRWAYS	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	NACKMAN, JUSTINE		NAME		
STREET ADDRESS	515 FAIRWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	IERADI, FRANK		NAME		
STREET ADDRESS	525 FAIRWAYS		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	GALLAGHER, REV MICHAEL J		NAME		
STREET ADDRESS	743 PLANTATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Grant R. Seaman</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date <u>4.10.04</u> Daytime Phone # <u>321.268-9048</u>		