

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90221 023 ****61.25

0012567

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 ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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 **D** ☐ Delete
NAME **OTTENI, AL**
STREET ADDRESS **411 PLANTATION DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **SEAMAN, RICHARD**
STREET ADDRESS **789 E. PLANTATION DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **NACKMAN, JUSTINE**
STREET ADDRESS **515 FAIRWAY DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ Delete
NAME **BOUCHARD, MICHEL**
STREET ADDRESS **248 PLANTATION DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **GALLAGHER, REV MICHAEL J**
STREET ADDRESS **743 PLANTATION DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **FRANK IERADI**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAM IERADI**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☒ Change ☐ Addition
NAME **SEAMAN, GRANT RICHARD**
STREET ADDRESS **789 PLANTATION DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Change ☐ Addition
NAME **IERADI, FRANK**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Change ☒ Addition
NAME **IERADI, FRANK**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Change ☐ Addition
NAME **IERADI, FRANK**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Change ☐ Addition
NAME **IERADI, FRANK**
STREET ADDRESS **525 FAIRWAYS**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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: **FRANK IERADI, DIRECTOR**

4-30-03

321-268-5048

CR2E037 (10/02)