

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PS 1572

FILED

05 SEP 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000009978

1. Entity Name
ALL NATIONS INT'L MINISTRIES, INC.



Principal Place of Business
9018 BERENS STREET
JACKSONVILLE, FL 32310

Mailing Address
9018 BERENS STREET
JACKSONVILLE, FL 32310

2. Principal Place of Business
9018 Berens st
Suite, Apt. #, etc.

3. Mailing Address
4686 Pendleton st
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32310 Country

City & State
San Diego, CA
Zip 92109 Country

4. FEI Number
54-2047105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUNNINGHAM, QWENSUL J
9018 BERENS STREET
JACKSONVILLE, FL 32310

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

Qwensul J. C.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/22/05

DATE

Filing Fee is \$61.25
Due by October 1, 2005

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 CUNNINGHAM, QWENSUL J
STREET ADDRESS 9018 BERENS STREET
CITY-ST-ZIP JACKSONVILLE, FL 32310

TITLE D ☐ Delete
NAME JACKSON, CHARISMA
STREET ADDRESS 1090 LANG ROAD APT. #4803
CITY-ST-ZIP PORTLAND, TX 78374

TITLE D ☐ Delete
NAME CUNNINGHAM, CALVIN J
STREET ADDRESS 4686 PENDLETON STREET
CITY-ST-ZIP SAN DIEGO, CA 92109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Qwensul J. C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/05

Date

Daytime Phone #

9/22/05 B212

To whom it may
Concern:

Please state on the
Certificate, that we are
a non-profit organization.

Thank you

Pastor, D.J. Cunningham