

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000008357**

1. Entity Name

"ALL NATION" END-TIME MINISTRIES INC



Principal Place of Business

RRI BOX 1405  
DARIEN GA 31305

Mailing Address

RRI BOX 1405  
DARIEN GA 31305



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

32-0126373

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALSTON, VICTORIA  
2991 GULF TO BAY BLVD - LOT 226  
CLEARWATER FL 33759

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 ☐ Delete  
NAME D  
STREET ADDRESS ALSTON, VICTORIA  
CITY-STATE-ZIP RRI BOX 1405  
DARIEN GA 31305

TITLE ☐ Delete  
NAME O  
STREET ADDRESS ALSTON, WILLIE  
CITY-STATE-ZIP RRI BOX 1405  
DARIEN GA 31305

TITLE ☐ Delete  
NAME O  
STREET ADDRESS HINSON, ROBERT  
CITY-STATE-ZIP 1944 12 AVE 80  
ST PETE FL 33759

TITLE ☐ Delete  
NAME O  
STREET ADDRESS HOLMES, ALICE  
CITY-STATE-ZIP 2405 COUNTRY CLUB DR  
TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U000000772223  
08/17/07-80004-003 70.00

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Victoria Alston*

8/10/07

912-437-476