

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006456

FILED
Apr 04, 2008
Secretary of State

Entity Name: ALL FAITH COMMUNITY OUTREACH MINISTRY INC.

Current Principal Place of Business:

2704 W. AVERY STREET
#7
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2704 W. AVERY STREET
#7
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLWORTH, CAROLYN N
661 SMILEY AVENUE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TOWNSEND, CAROLYN
Address: P.O. BOX 288
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: MITCHELL, JAMIE
Address: PO BOX 218
City-St-Zip: MT VERNON, AL 36560

Title: T () Delete
Name: MCMILLIAN, JOE
Address: 701 PRICHARD AVE
City-St-Zip: PENSACOLA, FL 32514

Title: O () Delete
Name: STALLWORTH, CAROLYN
Address: 661 SMILEY AVENUE NE
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: LUCAS, ALPHONSO A
Address: 3700 ANDREW AVENUE, LOT C
City-St-Zip: PENSACOLA, FL 32505

Title: AP () Delete
Name: GORHAM, SHELLY
Address: SOUTH RODGERS PL
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN STALLWORTH

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04/04/2008

Electronic Signature of Signing Officer or Director

Date