

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006567

FILED
Jan 15, 2009
Secretary of State

Entity Name: CHURCH OF ALL WORLDS, FLORIDA, INC.

Current Principal Place of Business:

5602 SW 17 DRIVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 6003
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 20-3109170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRALES, DULCE M
1031 NW 6 STREET
B1
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

MOONOAK, LUKE REV.
5602 SW 17 DRIVE
GAINESVILLE, FL 32608 US

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: REVLMOONOAK

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CO-D () Delete
Name: MOONOAK, LUKE REV.
Address: 5602 SW 17 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: CO-D () Delete
Name: CORRALES, DULCE M
Address: 1031 NW 6 STREET, B1
City-St-Zip: GAINESVILLE, FL 32601

Title: CO-D () Delete
Name: JOHNSON, WALTER
Address: 2620 N PINE AVENUE
City-St-Zip: OCALA, FL 34475

Title: S (X) Delete
Name: CARLSON, ELISABET
Address: 5602 SW 17 DRIVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Delete
Name: CHASE, TAMMEN REV.
Address: 730 NE 10 PL
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO-D (X) Change () Addition
Name: CORRALES, DULCE REV.
Address: 1880 VALLEY FORGE DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: CO-D (X) Change () Addition
Name: CHASE, TAMMEN REV.
Address: 730 NE 10 PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: S (X) Change () Addition
Name: CARLSON, ELISABET
Address: 5602 SW 17 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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: REVLMOONOAK

REV.

01/15/2009

Electronic Signature of Signing Officer or Director

Date