

# 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