## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007128

FILED Apr 09, 2009 Secretary of State

Entity Name: PALM COAST CITY CHURCH FOR ALL NATIONS CORP.

**Current Principal Place of Business: New Principal Place of Business:** 4601 E. 100 HWY UNIT 7 4601 E. 100 HWY UNIT G7 BUNNELL, FL 32110 BUNNELL, FL 32110 **Current Mailing Address: New Mailing Address:** 4601 E. 100 HWY UNIT 7 5 HIDDEN LAKE WAY BUNNELL, FL 32110 PALM COAST, FL 32137 FEI Number: 20-3460507 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NESTERUK, VYACHESLAV 5 HIDDEN LAKE WAY PALM COAST, FL 32137 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NESTERUK, VYACHESLAV Name: Name: 5 HIDDEN LAKE WAY Address: Address: PALM COAST, FL 32137 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: NESTERUK, ASAY Name: Address: **5 HIDDEN LAKE WAY** Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition PEREDELSKAYA, SWETLANA Name: Name: Address: #1 POST OAK LANE Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ZELENOVA, ALENA Name: 4601 E 100 HWY UNIT 7 Address: Address: City-St-Zip: BUNNELL, FL 32110 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: NESTERUK, VYACHESLAV PD 04/09/2009