
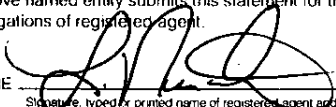
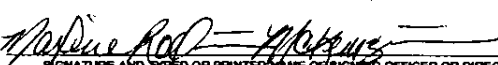


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90037 015 \*\*\*\*70.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N07000005363</b><br>1. Entity Name<br>ALL NATIONS SDA CHURCH, ORGANIZATION, CORP.  |   |   |   |    |  |
| Principal Place of Business<br>1808 NE 7TH STREET<br>WINTER HAVEN, FL 33881  |   |   |   | Mailing Address<br>PO BX 2777<br>WINTER HAVEN, FL 33883   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent   |  |
| NEWTON, LEONARD<br>533 DOLCETTO DR. 8322 Fonterra Dr.<br>DAVENPORT, FL 33897 33896   |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | (Leonard Newton)<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | 4-11-08<br><small>DATE</small>  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>             |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>NEWTON, LEONARD<br>533 DOLCETTO DR.<br>DAVENPORT, FL 33897           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>QUISENBERRY, DENNIS JR.<br>314 BUCK TR<br>DAVENPORT, FL 33837        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>QUISENBERRY, MARIAN<br>333 LK HOWARD DR<br>WINTER HAVEN, FL 33880    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SIMON, MIREILLE<br>740 16TH ST. NE<br>WINTER HAVEN, FL 33881         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ROLLISON-MCKENZIE, MAXINE<br>2226 AVE C NW<br>WINTER HAVEN, FL 33880 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VASAN, WANDA<br>361 AVE L NE<br>WINTER HAVEN, FL 33881               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  (MAXINE ROLLISON-MCKENZIE) 4-10-08<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |   |  |
| <small>Date Daytime Phone #</small>  |   |   |   |   |  |