

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:29

DOCUMENT # **N44764 (1)**
1. Corporation Name
ALL NATIONS CHURCH, INC.

Principal Place of Business Mailing Address
4281 NW 9TH COURT COCONUT CREEK FL 33066 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1991** 3a. Date of Last Report **04/14/1994**
4. FEI Number **65-0283396** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **8704 Paulston Rd.** 26 **P.O. Box 472009**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Charlotte, NC** 27 **Charlotte, NC**
City & State City & State
23 **28277** 25 **USA** 29 **28247** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
ADAMS, MICHAEL L.
4281 N.W. 9TH COURT
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ARNOLD, RICHARD I
STREET ADDRESS	7507 NW 67 AVE
CITY - ST - ZIP	TAMARAC FL
TITLE	VPD
NAME	COLON, MIGUEL
STREET ADDRESS	6604 SW 7 ST
CITY - ST - ZIP	MARGATE FL
TITLE	TD
NAME	JEANNETTE, ARNOLD
STREET ADDRESS	7507 NW 67 AVE.
CITY - ST - ZIP	TAMARAC FL
TITLE	SD
NAME	EATON, PETER
STREET ADDRESS	11521 NW 30 PL
CITY - ST - ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mahesh Chavda	
1.3 STREET ADDRESS	8704 Paulston Rd.	
1.4 CITY - ST - ZIP	Charlotte, NC 28277	
2.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bonnie Chavda	
2.3 STREET ADDRESS	8704 Paulston Rd.	
2.4 CITY - ST - ZIP	Charlotte, NC 28277	
3.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael L. Adams	
3.3 STREET ADDRESS	4281 NW 9th Court	
3.4 CITY - ST - ZIP	Coconut Creek, FL 33066	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<-Delete	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mahesh Chavda **2/2/95** **704-543-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR