FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

1-25-96 B-0278-C

DOCUMENT # **N44764** (1)

1. Corporation Name

ALL NATIONS CHURCH, INC.

Principal Place of Business	Mailing Address
8701 PAULSTON RD CHARLOTTE NC 28277 US	P O BOX 472009 CHARLOTTE NC 28247 US

3. Date Incorporated or Qualified: **08/19/1991**

3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business — 21: 8704 Paulston Rd.

2a. Mailing Address — 26:

22 Suite, Apt. #, etc.:

27 Suite, Apt. #, etc.:

23 City & State:

28 City & State:

24 Zip: 25 Country:

29 Zip: 30 Country:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAVDA, MAHESH		1.2 NAME		
STREET ADDRESS	8704 PAULSTON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAVDA, BONNIE		2.2 NAME		
STREET ADDRESS	8704 PAULSTON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, MICHAEL L		3.2 NAME		
STREET ADDRESS	4281 NW 9TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(3)(k), 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 1/12/96 1-704-543-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)