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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44764 (1)

1. Corporation Name

ALL NATIONS CHURCH, INC.



Principal Place of Business

Mailing Address

8704 PAULSTON RD
CHARLOTTE NC 28277
US

P O BOX 472009
CHARLOTTE NC 28247-2009
US

3. Date Incorporated or Qualified
08/19/1991

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0283396

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, MICHAEL L.
4281 N.W. 9TH COURT
COCONUT CREEK FL 33066

81 Name MARY L. Diamond

82 Street Address P.O. Box Number Is Not Acceptable
4914 SW 27th Ave.

83

84 City Ft. Lauderdale FL 85 Zip Code 33312

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 MARY L. Diamond MARY L. Diamond 1-21-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CHAYDA, MAHESH
STREET ADDRESS 8704 PAULSTON RD
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME CHAYDA, BONNIE
STREET ADDRESS 8704 PAULSTON RD
CITY-ST-ZIP CHARLOTTE NC

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ADAMS, MICHAEL L
STREET ADDRESS 4281 NW 9TH COURT
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE TD Change Addition
3.2 NAME Adams, Michael L
3.3 STREET ADDRESS 12629-106 Sabal Park Dr.
3.4 CITY-ST-ZIP Pineville, NC 28134

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Chayda Mahesh Chayda 1/13/97 704-541-8084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026736

CR2E037 (9/96)