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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USP O BOX 472009  
CHARLOTTE NC 28247-2009  
US3. Date Incorporated or Qualified  
08/19/19913a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0283396Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 NC1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME CHAYDA, BONNIE  
STREET ADDRESS 8704 PAULSTON RD  
CITY-ST-ZIP CHARLOTTE NC2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME ADAMS, MICHAEL L  
STREET ADDRESS 4281 NW 9TH COURT  
CITY-ST-ZIP COCONUT CREEK FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS Adams, Michael L  
3.4 CITY-ST-ZIP 12629-106 Sabal Park Dr.  
Pineville, NC 28134TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 Chavda Mahesh Chavda 1/13/97 704-541-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 704-541-8084

CR2E037 (9/96)