

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44764 (1)**  
 1. Corporation Name  
**ALL NATIONS CHURCH, INC.**



Principal Place of Business 8704 PAULSTON RD- CHARLOTTE NC 28277 US	Mailing Address P O BOX 472009 CHARLOTTE NC 28247 US
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3. Date Incorporated or Qualified  
**08/19/1991**

4. FEI Number <b>65-0283396</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>10401 N. Community House Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>Charlotte, NC</b>	27 City & State 28
24 Zip <b>28277</b> Country <b>USA</b>	29 Zip Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DIAMOND, MARY L.**  
**4914 SW 27TH AVE.**  
**FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVDA, MAHESH	1.2 NAME	
STREET ADDRESS	8704 PAULSTON RD	1.3 STREET ADDRESS	<b>10401 N. Community House Rd.</b>
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	<b>Charlotte, NC 28277</b>
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVDA, BONNIE	2.2 NAME	
STREET ADDRESS	8704 PAULSTON RD	2.3 STREET ADDRESS	<b>10401 N. Community House Rd.</b>
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	<b>Charlotte, NC 28277</b>
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL L	3.2 NAME	
STREET ADDRESS	12629-106 SABAL PARK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINEVILLE NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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** 1/12/98 704-541-8084

CR2E037 (10/97)