


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44764

1. Corporation Name
ALL NATIONS CHURCH, INC.

Principal Place of Business 10401 N COMMUNITY HOUSE RD CHARLOTTE NC 28277 US	Mailing Address P O BOX 472009 CHARLOTTE NC 28247 US
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2. Principal Place of Business 21 9924 Paradise Ridge Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/19/1991
22 City & State Charlotte NC USA	27 City & State	4. FEI Number 65-0283396 Applied For <input type="checkbox"/> Not Applicable
23 Zip 28277	28 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAVDA, MAHESH	
STREET ADDRESS	10401 N COMMUNITY HOUSE RD	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAVDA, BONNIE	
STREET ADDRESS	10401 N COMMUNITY HOUSE RD	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADAMS, MICHAEL L	
STREET ADDRESS	12629-106 SABAL PARK DR.	
CITY-ST-ZIP	PINEVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9924 Paradise Ridge Rd.
1.4 CITY-ST-ZIP	Charlotte, NC 28277
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9924 Paradise Ridge Rd.
2.4 CITY-ST-ZIP	Charlotte, NC 28277
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11206 Chestnut Hill Dr.
3.4 CITY-ST-ZIP	Matthews, NC 28105
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 with all other like empowered.

SIGNATURE: *Mahesh Chavda* **MAHESH CHAVDA** 1/26/99 704-541-8084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)