

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

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

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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



2. Principal Place of Business

21 **9924 Paradise Ridge Rd**

Suite, Apt. #, etc.

22 **Charlotte NC USA**

23 **Charlotte NC USA**

24 **28277** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/19/1991

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CHAVDA, MAHESH**
STREET ADDRESS **10401 N COMMUNITY HOUSE RD**
CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE **SD** ☐ DELETE

NAME **CHAVDA, BONNIE**
STREET ADDRESS **10401 N COMMUNITY HOUSE RD**
CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE **TD** ☐ DELETE

NAME **ADAMS, MICHAEL L**
STREET ADDRESS **12629-106 SABAL PARK DR.**
CITY-ST-ZIP **PINEVILLE NC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **9924 Paradise Ridge Rd.**

1.4 CITY-ST-ZIP **Charlotte, NC 28277**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **9924 Paradise Ridge Rd.**

2.4 CITY-ST-ZIP **Charlotte, NC 28277**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **11206 Chestnut Hill Dr.**

3.4 CITY-ST-ZIP **Matthews, NC 28105**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1/26/99

704-541-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)