

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49795

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ALL NATIONS CHURCH INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

2373 MALLORY HILLS RD.  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 37312  
JACKSONVILLE, FL 32236 US

**New Mailing Address:**

**FEI Number:** 59-3135378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, KENNETH A PRES.  
2373 MALLORY HILLS ROAD  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SHOWALTER, LEN  
Address: 13856 DANFORTH DR S  
City-St-Zip: JACKSONVILLE, FL 32224

Title: PD ( ) Delete  
Name: WILLIAMS, KENNETH A  
Address: 2373 MALLORY HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete  
Name: WILLIAMS, CHARLENE S  
Address: 2373 MALLORY HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE STOKES WILLIAMS

VD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date