FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90076 001 ****70.00

OOCUMENLA NASUUUUU ITTI	DOCUMENT #	N9300000171	8
--------------------------------	------------	-------------	---

1. Corporation Name

THE CHURCH FOR ALL NATIONS, INC.

Principal Place of Business	
1886 CANOVA ST SE UNIT S PALM BAY FL 32909	

Mailing Address 1996 CANOVA ST SE

NAME PELLIZZE, JOSEPH M STREET ADDRESS CITY-ST-ZIP TITLE TRST DELETE NAME PELLIZZE, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE TRST DELETE NAME PELLIZZE, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE TR DELETE STREET ADDRESS CITY-ST-ZIP TITLE TR DELETE STREET ADDRESS CITY-ST-ZIP TITLE TR STREET ADDRESS CITY-ST-ZIP TITLE TR STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1886 CANOVA UNIT S PALM BAY FL		1886 CANOVA ST SE UNIT S PALM BAY FL 32909							
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite 27 Suite 28 Suite 29 Su	2. Principal Pl	lace of Business	⊢ , *							
City & State City & State City & State City & State 28 S. Certificate of Satus Desired \$8.75 Addroined \$					-				1 1	
City & State 23 29 Country Zip Country 20 Country 6. Election Campaign Financing \$5.00 May Be added to Fees Required 24 25 29 29 30 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PPELLIZZE, JOSEPH M 3740 COREY RD 4 City	Suite, Apt. :	#, etc.	⊢					-		
23 25 26 27 27 27 27 27 27 27							38 3 10 1330			
28 29 29 30 Trust Fund Contribution Added to Fees		e	28				5. Certifcate of Status Desired	▼	•	
9. Name and Address of Current Registered Agent PELLIZZE, JOSEPH M 3740 COREY RD VALKARIA FL 32950 84 City				~n ´	/					
PELLIZZE, JOSEPH M 3740 COREY RD VALKARIA FL 32950 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 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 agent, and remains with, and accept the obligations of, Section 817 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and remains with, and accept the obligations of, Section 817 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and remains a registered agent, and remains a registered agent, and remains a registered directors. I hereby accept the appointment as registered agent, and remains a registered directors. I hereby accept the purpose of changing its registers agent. The purpose of changing its registers agent. The purpose agent and the faginosis of, Section 817 0508 and			Registered Agent				10. Name and Address of New R	Registered A	gent	
STAGE COREY RD VALKARIA FL 32950 83 84 City FL 85 Zip Code				81	Nan	ne ·	,			
Sample S				82	Stre	et Addre	ess (P.O. Box Number is Not Accepta	ible)	,	
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 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, not accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0503, Florida Statutes, Stream and accept the obligations of, Section 617.0502, Florida Statutes, Stream and accept the obligations of, Section 617.0502, Florida Statutes, Stream and accept the obligations of control of control of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of control of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of control of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of control of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of control of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of control of directors. I hereby accept the appointment as registered agent, or directors. In the accept the appointment as registered agent, or directors. In the accept the obligations of control of directors. In the accept the appointment as registered agent, or directors. In the accep				83	1					
TIT. Pursuant to the provisions of Sections 617 0507 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authored by the composition's board of directors. I hereby accept the appointment as registered agent, or hook, in the State of Florida, Such change was authored to corporation's board of directors. I hereby accept the appointment as registered agent and many agent and the of applicable. SIGNATURE	*, * LJ * * * * * *	7 - 32333		84	City			FI	85 Zip C	ode
12.	office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 617.0503, Florid	nonzed by la Statutes	ine co s.	rporation	ns board of directors. I hereby acces	or the appoin	hanging its tment as reg	registered jistered
TITLE DP DELETE 1.1 TITLE		*			nt signatu	re required			O DIBECTO	OC IN 12
NAME PELLIZZE, JOSEPH M STREET ADDRESS GITV-ST-ZIP TITLE TRST DELETE NAME PELLIZZE, SHEILA STREET ADDRESS GITV-ST-ZIP TITLE TRST DELETE 2: TITLE NAME PELLIZZE, SHEILA STREET ADDRESS GITV-ST-ZIP TITLE TR DELETE 3: TITLE TR DELETE 3: TITLE TR DELETE 3: TITLE TR DELETE 3: TITLE TR STREET ADDRESS GITV-ST-ZIP TITLE TR DELETE 3: TITLE TR AME PELLIZZE, PATRICK 32 NAME 33 SARET ADDRESS GITV-ST-ZIP TITLE NAME 4: ZNAME 4: ZNAME 4: ZNAME 5: STREET ADDRESS GITV-ST-ZIP TITLE NAME STREET ADDRESS GITV-ST-ZIP GRAME GRAME STREET ADDRESS GITV-ST-ZIP GRAME GRAME GRAME STREET ADDRESS GITV-ST-ZIP GRAME G	12.						ADDITIONS/CHANGES TO OF	FICERS AN		Addition
STREET ADDRESS CITY-ST-ZIP VALKARIA FL TRST	TITLE		E DELETE				•		[] Change	LJ Addition
TRST				1.2 NAME						
TITLE	STREET ADDRESS			1.3 STREE	TADDRE	SS	•			·
NAME PELLIZZE, SHEILA 22 NAME 3740 COREY RD 23 STREET ADDRESS	CITY-ST-ZIP			1.4 C(TY+S	T-ZIP			····		
STREET ADDRESS CITY-ST-ZIP VALKARIA FL 2.4 CITY-ST-ZIP TITLE TR	TITLE	TRST	☐ DELETE	2.1 TITLE					Change	Addition
CITY-ST-ZIP	NAME	PELLIZZE, SHEILA		2.2 NAME			• •			
TITLE TR DELETE 3.1 TITLE ANAME PELLIZZE, PATRICK STREET ADDRESS 1630 SARDDINIA ST SE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	STREET ADDRESS	3740 COREY RD		2.3 STREE	TADORE	ss				
NAME STREET ADDRESS 1630 SARDDINIA ST SE 33 STREET ADDRESS 34 CITY-ST-ZIP PALM BAY FL 34 CITY-ST-ZIP 1 ITILE	CITY-ST-ZIP	valkaria fl		2.4 CITY-5	ST-ZIP					
STREET ADDRESS	TITLE	TR	☐ DELETE	3.1 TITLE					Change	Addition
STREET ADDRESS	NAME	PELLIZZE, PATRICK		3.2 NAME		l				
TITLE	STREET ADDRESS	1630 SARDDINIA ST SE		3.3 STREE	TADDRE	ss			•	ł
TITLE				3.4. CITY-	ST-ZIP					;
NAME			☐ DELETE						Change	Addition
### STREET ADDRESS ### ### ### ### ### ### ### ### ###				4. 2 NAME						
## CITY-ST-ZIP	1			4.3 STREE	TADORE	ss		-		
TITLE DELETE 5.1 TITLE Change Add NAME 52 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP Change Add	CITY-ST-ZIP			4.4 CITY-S	ST- ZIP		`			
STREET ADDRESS			☐ DELETE	5.1 TITLE					Change	Addition
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Add	NAME			5.2 NAME						
TITLE DELETE 6.1 TITLE Change Add 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			5.3 STREE	T ADDRE	:SS	•			
TITLE GLANGE G.1 TITLE GLANGE G.2 NAME NAME STREET ADDRESS G.3 STREET ADDRESS				5.4 CITY- S	ST-ZIP					<u> </u>
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS			☐ DELETE	6.1 TITLE					☐ Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME .			6.2 NAME						·
	}			6.3 STREE	TADORE	ss				1
CITY-ST-ZIP 6.4 CITY-ST-ZIP				6.4 CITY- S	ST-ZIP		, and	•		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #