FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -3 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000003696 (1)

1. Corporation Name
ALL SAINTS INTERDENOMINATIONAL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8316 GALLUP RD. SPRING HILL FL 34608	8316 GALLUP RD. SPRING HILL FL 34608

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:
4. FEI Number: 59-3256945 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9208 Bolton Ave.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hudson, Fl	City & State 28
Zip 24 34667-3737 Country 25 Pasco	Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUYER, JOHN J 8316 GALLUP RD. SPRING HILL FL 34608	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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P / D	1.1 TITLE	☐ Change ☐ Addition
NAME	GUYER, JOHN J	1.2 NAME	
STREET ADDRESS	8316 GALLUP RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP	
TITLE	V / D	2.1 TITLE	☐ Change ☐ Addition
NAME	MUSOLF, GORDON M	2.2 NAME	
STREET ADDRESS	8316 GALLUP RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST / D ☒ Change ☐ Addition
NAME	GEORGE, WILLIAM	3.2 NAME	Olson, Gloria
STREET ADDRESS	3002 W. CLEVELAND ST.	3.3 STREET ADDRESS	6257 Swan Lane
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	Spring Hill, Florida 34608
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	02/03/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rev. John J. Guyer Rev. John J. Guyer 1/20/95 904-688-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068018