

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003696

1. Entity Name
ALL SAINTS INTERDENOMINATIONAL CHURCH, INC.



Principal Place of Business
**4518 15TH AVE. N.
ST. PETERSBURG, FL 33713 US**

Mailing Address
**4518 15TH AVE. N.
ST. PETERSBURG, FL 33713 US**



03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3256945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUYER, JOHN J
4518 15TH AVE. N.
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GUYER, JOHN J 4518 15TH AVE. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUSOLF, GORDON M 4518 15TH AVE. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, ALVIN 3850 9TH AVE. S. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80025-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. John J. Goyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-07 727 323 4675
Date Daytime Phone #