


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 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 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01092008 No Chg-NP CR2E037 (4/06)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3256945 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

| | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|-------------------------------------------------------------------------------------------|
| <p>U00000849571 03/21/08-80026-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|-------------------------------------------------------------------------------------------|

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: JOHN J GUYER <i>Rev. John J. Guyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 03-03-08 <small>Date</small> | 727 323 4675 <small>Daytime Phone #</small> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|