

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 08, 2006 08:00 AM  
Secretary of State

DOCUMENT # N99000004746

1. Entity Name  
ALL NATIONS COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
2319 28TH STREET N  
SAINT PETERSBURG, FL 33713 US

Mailing Address  
P.O. BOX 14532  
SAINT PETERSBURG, FL 33733 US



01312006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3603136	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SALY, BUN JOHN  
5371 68TH STREET N  
SAINT PETERSBURG, FL 33709

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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 registering) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMS, HAROLD D PH.D
STREET ADDRESS	6311 VISTA VERDE DR. E.
CITY - ST - ZIP	GULFPORT, FL 33707
TITLE	VD
NAME	SOURN, PROSOM
STREET ADDRESS	3849 14TH AVENUE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33714
TITLE	DS
NAME	BACCAM, MAY
STREET ADDRESS	2660 46TH AVENUE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713
TITLE	TD
NAME	BANKS, CATHLEEN
STREET ADDRESS	2985-H TANGLEWOOD DR. S.
CITY - ST - ZIP	CLEARWATER, FL 33759
TITLE	MD
NAME	SALY, BUN JOHN
STREET ADDRESS	5371 68TH STREET N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33709
TITLE	VD
NAME	DAO, JOHN A
STREET ADDRESS	11708 SUNLIGHT LANE
CITY - ST - ZIP	SEFFNER, FL 33584

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02/18/06-80083-009 70.00

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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: Bun John Saly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/06  
Date

Daytime Phone #