

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004746

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: ALL NATIONS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2319 28TH STREET N  
SAINT PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

2319 28TH STREET N  
SAINT PETERSBURG, FL 33713 US

FEI Number: 59-3603136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMS, HAROLD D PH.D  
Address: 6311 VISTA VERDE DR. E.  
City-St-Zip: GULFPORT, FL 33707 US

Title: VD ( ) Delete  
Name: SOURN, PROSOM  
Address: 3849 14TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: DS ( ) Delete  
Name: BACCAM, MAY  
Address: 2660 46TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: TD ( ) Delete  
Name: BANKS, CATHLEEN  
Address: 2985-H TANGLEWOOD DR. S.  
City-St-Zip: CLEARWATER, FL 33759 US

Title: MD ( ) Delete  
Name: SALY, BUN JOHN  
Address: 5371 68TH STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: VD ( ) Delete  
Name: DAO, JOHN A  
Address: 11708 SUNLIGHT LANE  
City-St-Zip: SEFFNER, FL 33584 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUN JOHN SALY

MD

01/17/2007

Electronic Signature of Signing Officer or Director

Date