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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004746**

ALL.	NATIONS	COMMUNITY	' ASS(ociation.	INC
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2319 28TH STREET N P. SAINT PETERSBURG FL 33713 S		Mailing Address P.O. BOX 14532 SAINT PETERSBURG FL 33713 US			4 1881)(24 848 48)	O NOTE STALL CONTENTIAL	11 18 111 183 111 118 11 1	LON BIOND SIN APEL		
2. Principal Place of Business 3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		-	00 0000 100			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired	\$8.7 Fee Re	Additional quired		
	6. Name and Address of Current R	egistered Agent			7. Name and Addr	ess of New Regi	stered Agent			
			Name	Name						
BUN, JOHN SALY 5371 68TH STREET N			Street A	Street Address (P.O. Box Number is Not Acceptable)						
SAINT PE	etersburg fl 33709		f							
τ.			City				FL Zip	Code		
	named entity submits this statement for t	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in t	ne State of Florida	a. I am familiar	with, and accept		
the obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: I	Registered Agent signal	ture required v	when reinstating)		DATE			
										
FILE NOW: FEE IS \$61.25		1	9. Election Campaign Financing		AE 00	Maka	Check Paya	ble to		
	1 1 LL 14011. 1 LL 10 401.L0	9. Election Camp	baign ⊬inancing		35.00 May Be	Make	CHECK Paye	וטופ נט		
	tember 10, 2003, min will be \$23				\$5.00 May Be Added to Fees		Department			
After Sept	tember 10, 2003, min will be \$23	6.25 Trust Fund Co	ntribution.	<u> </u>	Added to Fees	Florida i	Department	of State		
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10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE OFFICERS AND DIRE PD ALI-SHARIF, OUMAYAH 632 MYRTLE WAY SOUTH SAINT PETERSBURG FL 33705	6.25 Trust Fund Co	11. TITLE NAME STREET ADDRESS	D Gray, 135 J St. I	DOTIONS/CHANGE DOTIS Control Doris Control Detersburg,	Florida I	Department	of State RS IN 10 ange K Addition		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAINT PETERSBURG FL 33709

08/18/03

727-327-7401

Daytime Phone #