

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

FILED
Aug 21, 2003 8:00 am
Secretary of State

0013187

DOCUMENT # N99000004746

1. Entity Name

ALL NATIONS COMMUNITY ASSOCIATION, INC.



08-21-2003 90111 050 ****70.00

Principal Place of Business

Mailing Address

**2319 28TH STREET N
SAINT PETERSBURG FL 33713
US**

**P.O. BOX 14532
SAINT PETERSBURG FL 33713
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3603136**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling) DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **ALI-SHARIF, OUMAYAH**
STREET ADDRESS **632 MYRTLE WAY SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **D** Change Addition
NAME **Gray, Doris**
STREET ADDRESS **135 11th Avenue NE**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **1VD** Delete
NAME **VONGSYPRASOM, WILLIAM K**
STREET ADDRESS **2328 16TH ST N**
CITY-ST-ZIP **SAINT-PETERSBURG FL 33704**

TITLE **D** Change Addition
NAME **Moreno, Hector**
STREET ADDRESS **565 Harborside Drive**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **2VD** Delete
NAME **VIET, DAO**
STREET ADDRESS **4246 REMBRANDT DRIVE #45**
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **D** Change Addition
NAME **Pham, Bessie**
STREET ADDRESS **117 19th Avenue N**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **SD** Delete
NAME **TRAN, CHI**
STREET ADDRESS **819 13 AVE N W #2**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** Change Addition
NAME **Robinson, Bessie**
STREET ADDRESS **7507 Mayfair Court**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **TD** Delete
NAME **BACCAM, MAY**
STREET ADDRESS **2660 46TH AVENUE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **3VD** Change Addition
NAME **Sourn, Prosom**
STREET ADDRESS **3849 14th Avenue N**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **MD** Delete
NAME **SALY, BUN JOHN**
STREET ADDRESS **5371 68TH STREET N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: **Signature Required** **Bun John Saly** 08/18/03 727-327-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)