

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004501

**Entity Name:** CHRIST FOR ALL NATIONS INC.

**Current Principal Place of Business:**

6880 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

**Current Mailing Address:**

6880 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809 US

**FEI Number:** 94-2742504

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KOLENDA, DANIEL  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            VP, SECRETARY, DIRECTOR  
Name            VAN DEN BERG, PETER  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            TREASURER, DIRECTOR  
Name            BENSON, RUSSELL  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            MOREY, DANA  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            SIMPSON, KYFFIN  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            HON, BARRY  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            CRANDALL, CHAUNCEY DR.  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            NATIONAL DIRECTOR  
Name            MANUEL, MARY KATHRYN  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

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*I hereby 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 all other like empowered.*

**SIGNATURE:** CRAIG M. COOK

**CONTROLLER**

**04/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GREEN, DAVID  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809

Title            CONTROLLER  
Name            COOK, CRAIG M  
Address        6880 LAKE ELLENOR DRIVE  
City-State-Zip: ORLANDO FL 32809