2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008573

1. Entity Name

THE ALLIANCE FOR THE DISTRIBUTED CHURCH, INC.



FILED Mar 02, 2007 08:00 A **Secretary of State**

Principal Place of Business

530 DOG TRACK RD. LONGWOOD, FL 32750-6546 Mailing Address

5125 ADANSON ST SUITE 500 ORLANDO, FL 32804



DO NOT WRITE IN THIS SPACE

02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 01-0584557 Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PAGE, THOMAS P 5125 ADANSON ST. SUITE 500 ORLANDO EL 32804

DO NOT WRITE IN THIS SPACE

OKENIDO, I E 02004				•
	•			
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:	the second of th			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered	d Agent signature	e required when reinstating)	DATE
79T-1	Manager at the first		4= 4=	S 47 14
	Filling Fee is \$61.25 9. Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
••	Due by May'1, 2007	Ų.	Added to Fees	
10.	- OFFICERS AND DIRECTORS			n3/13/n7-80056-012:61.25
TITLE	D,			
NAME	LOY, RANDALL DR.			
STREET ADDRESS	3093 TIMPANA PT			•
CITY-SY-ZIP	LONGWOOD, FL 327793108	1		
TITLE	D	1		· · · · · · · · · · · · · · · · · · ·
NAME	LOY, JULIE		•	APP
STREET ADDRESS	3093 TIMPANA PT		v -	
CITY-ST-ZIP	LONGWOOD, FL 327793108	i	τ .	*
TITLE	D		•	**
NAME	KOLDENHOVEN, KEN	ş		•
STREET ADDRESS	104 SPRING LAKE LN		DO	NOT WRITE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327146507	,	, 50	INOT WINIE
TITLE	D .	1	INI	THIS SPACE
NAME	KOLDENHOVEN, LINDA		11.4	LING STAGE
STREET ADDRESS	104 SPRING LAKE LN		*	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327146507			, e
TITLE	D.]		
NAME	HUNTER, JOEL DR.			
STREET ADDRESS	203 SAVANNAH PK LOOP			
CITY-ST-ZIP	CASSELBERRY, FL 32707			

12. Thereby certify that the information supplied with this filling 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:

HUNTER, BECKY -

203 SAVANNAH PK LOOP CASSELBERRY, FL 32707

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR 2127107

407/629-4811

Daytime Phone #