FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:06

DOCUMENT # N49858 (6)

1. Corporate Name

FIRST ALLIANCE CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
POB 17062 TAMPA FL 33682-7062	POB 17062 TAMPA FL 33682-7062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1992	3a. Date of Last Report: 03/11/1994
4. FEI Number: 23-7180386	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, K J JR. 312 E 127TH AVE TAMPA FL 33612	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DREV	1 1 TITLE	Director, Rev. ☐ Change ☐ Addition
NAME	BROWN, K. JOSEPH JR.	1 2 NAME	Brown, K. Joseph, Jr.
STREET ADDRESS	18510 OTTERWOOD AVE	1 3 STREET ADDRESS	18510 Otterwood Ave.
CITY ST ZIP	TAMPA FL	1 4 CITY ST ZIP	~~Tampa, Fl. 33647-1833~~
TITLE	BD	2 1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, DENNIS	2 2 NAME	
STREET ADDRESS	2102 SEAMAN RD.	2 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	Board Member, Director ☐ Change ☐ Addition
NAME	RAMOS, JACK	3 2 NAME	Ramos, Jack
STREET ADDRESS	1735 BEACHWAY LANE	3 3 STREET ADDRESS	1735 Beachway Lane
CITY ST ZIP	ODESSA FL	3 4 CITY ST ZIP	Odessa, Fl. 33556
TITLE	T	4 1 TITLE	Trustee ☒ Change ☒ Addition
NAME	MINAHAN, ROBERTT	4 2 NAME	Kaplan, Steve
STREET ADDRESS	721 LUTZ LAKE FERN	4 3 STREET ADDRESS	8923 Explosition Dr.
CITY ST ZIP	LUTZ FL	4 4 CITY ST ZIP	~~Tampa, Fl. 33626~~
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

REMITTED ON MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. K. Joseph Brown Jr. Rev. K. Joseph Brown, Jr. 4-18-95 813-935-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065143