| FILE NOW: FILING FEE IS \$61.25 | FIL | E. | NOW | /: FII | LING | FEE | IS | \$61 | .25 |
|---------------------------------|-----|----|-----|--------|------|-----|----|------|-----|
|---------------------------------|-----|----|-----|--------|------|-----|----|------|-----|

2. Principal Place of Business

312 E 127TH AVE **TAMPA FL 33612**

Suite, Apt. #, etc.

21



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

| 1990 | |
|------------|------|
| DOCUMENT # | N498 |

(6)

2a. Mailing Address

Suite, Apt. #, etc.

EIRCH ALLIANCE CHURCH OF TAMPA, INC.

| FIRST ALLIANCE CHURCH OF TAMPA, INC. | | | | |
|--------------------------------------|----------------------------------|--|--|--|
| Principal Place of Business | Mailing Address | | | |
| POB 17062 TAMPA FL 33682-7062 | POB 17062 TAMPA FL 33682-7062 | | | |

| 3. Date incorporated or Qualified 06/22/1992 | 3a . Da | te of Last Report 05/01/1995 |
|---------------------------------------------------------|------------------|-----------------------------------|
| 1. FEI Number 23-7180386 | ! | Applied For Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for | or intangible ta | ax under s. 199.032, |

1 NO BARA DA 1910 A 1910 A

| BROWN | , K J JR. | | 83 | |
|--------------|------------------------|--------------------------|---------|-------------------|
| | g. Name and Address of | Odiferit riogionists | 81 | Name Ram |
| 24 | 9. Name and Address of | Current Registered Agent | | _1 |
| Zip | Country 25 | 29 | 30 | |
| 23 | | 28 Zp | Country | , - |
| City & State | 9 | City & State | | \ |
| 22 | | 27 | | |
| | | | | |

26

| У | 8. This corporation reasons |
|---|----------------------------------------------------|
| | Florida Statutes Yes No |
| - | 10. Name and Address of New Registered Agent |
| 1 | Name Ramos, Jack |
| 2 | Street Address (P.O. Box Number is Not Acceptable) |
| | 1735 Beachway Lane |
| 3 | |
| | |
| | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to both, in the State of Program 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 617.0503, Florida Statutes. Odessa

| familiar with | n, and accept the obligations of Section 617.0503, Florida Statu | tes. | 3/31/1/ |
|------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|
| SGNATURE | Acad or related name of redistreful agent and title 1 applicable | (NOTE: Registered Agent signature re- | uired wher reinstating! DATE |
| { | signature typed or printed name of registerful agent and title 1 applicative OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF TICERS AND DIRECTORS IN TE |
| 12. | D STORES | 1.1 TITLE | ַ בּ בַּ בַּ בַּ |
| TITLE | BROWN, K JOSPEH JR RE | 1.2 NAME | Ramos, Jack |
| NAME | 18510 OTTERWOOD AVE | 1.3 STREET ADDRESS | 1735 Beachway Lane |
| STREET ADDRESS | TAMPA FL | 1,4 CITY - ST - ZIP | Odessa, F1. 33556 |
| CITY-ST-ZIP | TOPO FILE | 2 1 TITLE | D La vocation |
| TITLE | DU | 22 NAME | Kaplan, Steve |
| NAME | BUTCHER, DENNIS | 2.3 STREET ADDRESS | 8923 Explosition Lane |
| STREET ADDRESS | 2102 SEAMAN RD. | 2 4 CITY-S1-ZIP | Tampa, Fl. 33626 |
| CITY-ST-ZIP | TAMPA FL | 31 TITLE | D Change St Addition |
| TITLE | DMU | 32 NAME | Scott, Kevin |
| NAME (| RAMOS, JACK | 3.3 STREET ADDRESS | 3125 Emerson Place |
| STREET ADDRESS | 1735 BEACHWAY LANE | L - · · | Plant City, F1, 33567 |
| CITY-ST-ZIP | ODESSA FL | 3.4 CITY-ST-ZIP 4.1 TITLE | Change Addition |
| TITLE | T DELETE | | |
| NAME | KAPLAN, STEVE | 4 2 NAME | |
| STREET ADDRESS | 8923 EXPLOSITION DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY - ST - ZIP | Change Addition |
| TITLE | DELETE | | 800001797908 -04/29/9601027021 |
| NAME | | 5.2 NAME - | -04/29/9601027021 |
| STREET ADDRESS | | 5 3 STREET ADDRESS | ***61.25 |
| ****** | | 54 CITY-ST-ZIP | Change Addition |
| CITY-ST-ZIP | | 61 TITLE | , 71.614 |
| | | 6.2 NAME | 11.01.2 |
| NAME CARCET ADDRESS | | 6.3 STREET ADDRESS | 9911 |
| | | | |

14. It 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 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 certify that I am an officer or director of the corporation 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:

0056643

CR2E037 (12/95)