

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002367 (9)

1. Corporation Name
FELLOWSHIP ALLIANCE CHURCH, INC.



Principal Place of Business
**2455 U.S. HWY 301 NORTH
ELLENTON FL**

Mailing Address
**P.O. BOX 538
ELLENTON FL 34222-0538**

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 316 Lessingwell Ave	26	65-0567371	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Ellenton FL	28 Ellenton FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34222	25 Manatee	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**KAMPS, TIMOTHY J REV.
5610 18TH STREET W.
BRADENTON FL 34207**

81 Name **Rev. Timothy J. Kamps**

82 Street Address (P.O. Box Number is Not Acceptable)
1904 47th Ave. Dr. W.

83

84 City **Bradenton** FL 85 Zip Code **34207**

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, 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 617.0503, Florida Statutes.

SIGNATURE **Rev. Timothy J. Kamps** DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Rev Timothy J. Kamps
STREET ADDRESS		1.3 STREET ADDRESS	1904 47th Ave. Dr W
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Mahlon Amstutz
STREET ADDRESS		2.3 STREET ADDRESS	1200 Aurora Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Irene Medina
STREET ADDRESS		3.3 STREET ADDRESS	303 Hillcrest Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Vonnie Morschack
STREET ADDRESS		4.3 STREET ADDRESS	1200 Aurora Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Doug Sarchet
STREET ADDRESS		5.3 STREET ADDRESS	1420 7th Ave. E.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Lela Pierce
STREET ADDRESS		6.3 STREET ADDRESS	1200 Aurora Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bradenton, FL 34202

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: **Timothy J. Kamps** **Timothy J. Kamps** 1-30-96 (941) 756-1642

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

CR2E037 (12/95)