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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002367 (9)

1. Corporation Name

FELLOWSHIP ALLIANCE CHURCH, INC.



Principal Place of Business

Mailing Address

816 LEFFINGWELL AVE
ELLENTON FL 34222
US

P.O. BOX 538
ELLENTON FL 34222-0538

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 5735 69th St. E.

26

4. FEI Number
65-0567371

Applied For
Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

PALMETTO FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

34221

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMPS, REV. TIMOTHY J
1904 47TH AVE DR W
BRADENTON FL 34207

81 Name ZACK THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)
5735 69th St. E

83

84 City PALMETTO FL 85 Zip Code 34221

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: *Zack Thomas*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KAMPS, REV. TIMOTHY J	
STREET ADDRESS	1904 47TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMSTUTZ, MAHLON	
STREET ADDRESS	1200 AURERA BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEDINA, IRENE	
STREET ADDRESS	303 HILLCREST DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORSHECK, VONNIE	
STREET ADDRESS	1200 AURORA BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SARCHET, DOUG	
STREET ADDRESS	1420 9TH AVE E	
CITY-ST-ZIP	PAMETTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, LELA	
STREET ADDRESS	1200 AURORA BLVD	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZACK THOMAS	
1.3 STREET ADDRESS	5735 69th St. E	
1.4 CITY-ST-ZIP	PALMETTO FL 34221	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Zack Thomas II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (941) 723-9593
Date Daytime Phone # 0002327

CR2E037 (9/96)