FILE NOW: FILING FEE IS $61.20

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 762392 (9)

1. Corporation Name

FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF DELRAY BEACH, INC.

Principal Place of Business	Mailing Address
14672 MILITARY TRL DELRAY BCH FL 33484 US	14672 MILITARY TRL DELRAY BCH FL 33484 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1982	06/14/1995

2. Principal Place of Business [21]

2a. Mailing Address [26]

Suite, Apt. #, etc. [22] / [27]

City & State [23] / [28]

Zip [24] Country [25] / Zip [29] Country [30]

4. FEI Number 59-0910355 — 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

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

9. Name and Address of Current Registered Agent

BROWN, GREGORY, REV
1446-C SW 25 AVE
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

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 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. Greg A. Brown_   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1-31-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. OFFICERS AND DIRECTORS	DELETE	13.		Change	Addition
TITLE	PCD	☐	1.1 TITLE		☐	☐
NAME	BROWN, REV. GREGORY		1.2 NAME			
STREET ADDRESS	1446-C S.W. 25TH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP			
TITLE	TD	☐	2.1 TITLE		☑ Change	☐
NAME	BECK, HELEN		2.2 NAME			
STREET ADDRESS	14637 GLENVIEW DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 00000 33445		2.4 CITY-ST-ZIP	33445		
TITLE	SD	☑ DELETE	3.1 TITLE	SECRETARY SD	☑ Change	☐
NAME	BRAUN, EILEEN		3.2 NAME	JONES GAIL		
STREET ADDRESS	5388 CLEVELAND ROAD		3.3 STREET ADDRESS	1 GADSBY WAY		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33462		
TITLE		☐	4.1 TITLE		☐	☐
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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			

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***61.25

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. Greg A. Brown_   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 1-31-96   Daytime Phone # (407) 498-5320

CR2E037 (12/95)