

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002367

**Entity Name:** FELLOWSHIP ALLIANCE CHURCH, INC.

**Current Principal Place of Business:**

5735 69TH STREET E  
PALMETTO, FL 34221

**Current Mailing Address:**

5735 69TH STREET E  
PALMETTO, FL 34221 US

**FEI Number:** 65-0567371

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUACKENBUSH, BRUCE D  
5735 69TH STREET E  
PALMETTO, FL 34221 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name QUACKENBUSH, BRUCE D  
Address 6710 36TH AVE E # 24  
City-State-Zip: PALMETTO FL 34221

Title S  
Name LORE, DONNA  
Address 5137 LANDOWNE WAY  
City-State-Zip: PALMETTO FL 34221

Title T  
Name QUACKENBUSH, CATHIE A  
Address 6710 36TH AVENUE E  
#24  
City-State-Zip: PALMETTO FL 34221

Title VP  
Name THOMAS, WILLIAM  
Address 5840 112TH AVE E  
City-State-Zip: PARRISH FL 34219

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHIE QUACKENBUSH

**TREASURER**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date