2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# 701322

Entity Name: HOLLYWOOD HILLS ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INCORPORATED

Current Principal Place of Business:

1600 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1600 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1090515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, REV, TIMOTHY
4200 W. PARK RD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: WILLIAMSON, TIMOTHY,
Address: 4200 W PARK RD.
City-St-Zip: HOLLYWOOD, FL

Title: TD ( ) Delete
Name: FROST, DANIEL
Address: 4100 SW 54TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: TD ( ) Delete
Name: REED, ERIK,
Address: 3147 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL

Title: VD ( ) Delete
Name: TASSON, STEVE
Address: 5985 SW 113 WAY
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY WILLIAMSON PCD 01/15/2008

Electronic Signature of Signing Officer or Director — Date