2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702542

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DUNEDIN, FL 34698

MOWERY, RICHARD

614 CORVETTE DR.

LARGO, FL 33771 US

() Delete

FILED Jun 25, 2005 Secretary of State

Entity Name: LARGO ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 1633 LAKE AVE NE LARGO, FL 33771 US **Current Mailing Address: New Mailing Address:** 1633 LAKE AVE NE LARGO, FL 33771 US FEI Number: 59-6202750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURTIS, ALBERT MOWERY, RICHARD A. 1406 NÓRMANDY PARK DRIVE 614 CORVETTE DR. SUITE 3 LARGO, FL 33771 CLEARWATER, FL 33756 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: RICHARD A. MOWERY 06/25/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOTBYL, DON REV Name: Name: 1845 S HIGHLAND AVE BLDG 9 APT 1 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: (X) Delete Title: () Change () Addition MORGAN, ELSIE Name: Name: Address: 1845 S HIGHLAND AVE BLDG 11 APT !1 Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition DAMANN, KRIS Name: Name: 8742 95 TERR N Address: Address: City-St-Zip: LARGO, FL 33777 City-St-Zip: Title: () Delete Title: MRS. (X) Change () Addition Name: MOUNT, DAVID Name: CONWAY, LARREN 1981 CANADIANA CT 1705 WOODRIDGE DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CLEARWATER, FL 33756

ST. PETERSBURG, FL 33709

PIWONKA, BARBARA

7853 SUNDOWN DR.

(X) Change () Addition

MRS.

SIGNATURE: RICHARD A. MOWERY REV. 06/25/2005