

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 707436 (2)

1. Corporation Name

FIRST ALLIANCE CHURCH OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**2500 N E 15TH STREET
GAINESVILLE FL 32609**

**2500 N E 15TH STREET
GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1974

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1360564

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DAVID A.
3436 NW 7TH AVE.
GAINESVILLE FL 32607**

81 Name **Rev. Richard J. Barker**

82 Street Address (P.O. Box Number is Not Acceptable)
2400 NE 15th Street

83

84 City **Gainesville** **FL** **85** Zip Code **32609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Rev. Richard J. Barker, Pastor/Board Chairman**

Richard J. Barker **April 27, 1995**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BROWN, DAVID A.**
STREET ADDRESS **3436 NW 7TH AVENUE**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D**
NAME **HURT, BARBARA**
STREET ADDRESS **1516 NE 28TH AVE.**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D**
NAME **CLARK, MELVIN**
STREET ADDRESS **4680 CLEAR LAKE DR.**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D**
NAME **MARTIN, DON**
STREET ADDRESS **3506 NW 17TH TERR.**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Barker, Richard J.**
1.4 CITY - ST - ZIP **2400 NE 15th St., Gainesville FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 recorder 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:

Richard J. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD J. BARKER

April 27, 1995 **376-8305**
Date Daytime Phone #