2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 709544

Entity Name: FIRST CHRISTIAN MISSIONARY ALLIANCE CHURCH, INC.

Current Principal Place of Business:

1919 E. EDGEWOOD DR.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1919 E. EDGEWOOD DR.
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-1596226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLICKENDERFER, LAWRENCE
4879 PALM VIEW DR
MULBERRY, FL 33860 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: T ( ) Delete
Name: YOUNG, VIVIENNE TREASUR
Address: 3823 ERIC COURT
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete
Name: SHARPE, JESSE W ASSOC P
Address: 1604 LEIGHTON AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: VD ( ) Delete
Name: INGRASSIA, JOHN AST PAS
Address: 1811 BEDIVERE DR
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: FISHER, JOHN
Address: 5723 DAUGHTERY DOWNS LOOP
City-St-Zip: LAKELAND, FL 33809

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: SUSAN MCGARVEY ADM 03/27/2009
Electronic Signature of Signing Officer or Director — Date