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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 710488 (8)

1. Corporation Name

FORT GATLIN ALLIANCE CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE, INC.



Principal Place of Business

Mailing Address

3300 S BUMBY AVENUE
ORLANDO FL 32806

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ORLANDO FL 32806

3. Date Incorporated or Qualified

03/08/1966

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, RICHARD R
17 S MAGNOLIA AVE
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

*11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME WONDERLY, SCOTT A.
STREET ADDRESS 4712 JAMERSON PLACE
CITY-ST-ZIP ORLANDO, FL 00000

1.1 TITLE S D
1.2 NAME WONDERLY, SCOTT A.
1.3 STREET ADDRESS 4712 JAMERSON PL.
1.4 CITY-ST-ZIP ORLANDO, FL

TITLE TD
NAME MCCARTY, JAMES C
STREET ADDRESS 2009 WEBER STREET
CITY-ST-ZIP ORLANDO FL

2.1 TITLE TD
2.2 NAME MCCARTY, JAMES C
2.3 STREET ADDRESS 3004 CLEVELAND ST.
2.4 CITY-ST-ZIP ORLANDO, FL 32803

TITLE PD
NAME AUSTIN, WILLIAM L
STREET ADDRESS 2209 BRADFORD CT
CITY-ST-ZIP ORLANDO, FL 00000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 receiver 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:

JAMES C. McCARTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. McCARTY

Date

Daytime Phone #

CR2E037 (12/95)

4-3-96