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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 710488

(8)

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

Principal Place	of Business		Mailing Address				1480111 18801 1811 8811 8811 8188 1970			
3300 S-BUMBY AVENUE			3300 S BUMBY AVENUE							
ORLANDO FL			ORLANDO FL 32906							
							3. Date Incorporated or Qualified 03/08/1966	3a. Date o	f Last F	
2. Principal Pla	ice of Busines	s	2a. Mailing Address				4. FEI Number 59-6211831		<b></b>	pplied For
11		<del></del>	26				39 02 1 103 1			lot Applicable
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional Required
City & State			City & State	•	•		6. Election Campaign Financing			) Мау Ве
<u> </u>	· · · · · · · · · · · · · · · · · · ·		28	T			Trust Fund Contribution			to Fees
Zip 1	2	Country	Zip 29	30 Cou	ntry		This corporation has liability for Florida Statutes	intangible tax ur □ Yes <b>X</b> No	nder s.	199.032,
4		nd Address of Current	<del></del>	[30]			10. Name and Address of New R		nt	
	0				<b>81</b> Na	me				
SWANN I	RICHARD R				00 0		(D.O. Day Number in Mat Asset Let	alal		
	GNOLIA AVI	<b>=</b>			<b>82</b> Stre	eet Addres	s (P.O. Box Number is Not Acceptab	ж		
	O FL 32801				83					
VIII-VIIIV	O I L 02001							r.	_1 -	0.1.
					<b>84</b> City	ý		FL <sup> ⁵</sup>	5 Zip	Code
1. Pursuant to	o the provision	ns of Sections 617.0502	and 617.1508, Florida Statutes	s, the abo	ve-name	d corporat	ion submits this statement for the pur	rpose of changir	ng its re	egistered office
or registere	ed agent, or b	oth, in the State of Florid	la. Such change was authorize	d by the o	orporatio	on's board	of directors. I hereby accept the app	ointment as régi	istered	agent. I am
	п, апо ассері	the obligations of, Section	on 617.0503, Florida Statutes.							
GNATURE	Stanature, typed or	printed name of registered agent a	and title if applicable. (NOT	E: Registeres	Agent signal	ture required v	hen reinstating)	DATE		.,
GNATURE _	Signature, typed or	printed name of registered agent a		E: Registered	Agent signal	ture required w	from reinstating): ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTO	RS IN 12
ignature	Signature, typed or						ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTO!	FIS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

JAMES

2/11/90 Date

407-188-0352

Daytime Phone #