

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90072 026 ****61.25

DOCUMENT # 710488

1. Entity Name

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



Principal Place of Business

**3300 S BUMBY AVENUE
ORLANDO FL 32806**

Mailing Address

**PO BOX 568456
ORLANDO FL 32856-8456
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6211831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANN, RICHARD R
SWANN & HADLEY PA
1031 W MORSE BLVD STE 160
WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **SCOTT, CHARLES**
STREET ADDRESS **7315 LAKE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **SD** ☒ Change ☐ Addition
NAME **DENNEN, Thomas**
STREET ADDRESS **4234 Benedictine Cir.**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **TD** ☒ Delete
NAME **WIDICK, GLENN D.**
STREET ADDRESS **3044 BAY TREE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **TD** ☒ Change ☐ Addition
NAME **McNAIR, Glenn**
STREET ADDRESS **1470 Bahia Ave.**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **PD** ☐ Delete
NAME **HOFFER, CRAIG A.**
STREET ADDRESS **5227 FORMBY DR**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-4-03 407 859 2140

CP2E037 (10/02)