## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

MICHAEL PAROUN 813-381-4444

Daytime Phone \* 0049959

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 712019

1. Corporation Name

appears in Block 12 or Block 13 if changed

SIGNATURE:

(9)

## FIRST ALLIANCE CHURCH, INCORPORATED

Principal Place of Business Mailing Address							-				
5000-10TH ST N		5000-10TH ST NO ST PETERSBURG FL 33703-2704									
						3.	Date Incorporated or Qualified 12/28/1966		nte of Last 02/09/19		
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number 59-2297861		$\rightarrow$	pplied For	
21]		26				39 2297001			lot Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional Required	
City & State	>	City & State			6. Election Campaign Financing \$5.00 May Be						
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip	<del></del>	intry		8.	This corporation has liability for i			s. 199.032,	
24	25	29	30					Yes [			
	9. Name and Address of Curren	t Registered Agent		B1	Mana	10.	Name and Address of New Re	gistered .	Agent		
				וים	Name 1	Mich	ael Pardun				
KEATON	, mark		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)					
4430 341	TH AVE N					<u> 2561</u>	16th Av N				
ST. PETERSBURG FL 33707				83		CL D	etersburg, Fl.	225	712		
				84	City	5t.P	etersburg, Fl.	FL	h t ,	Code	
		0 4 047 4500 Flavida Otabet	45		nomed se		a submite this statement for the		t phancing	3713	
office or reagent. La	to the provisions of Sections 617.050 egistered agent, or both to the Scrie m familiar with and accept the gotte	Florida. Such change was a ations of, Section 617.0503, Florida	es, me a authorize orida Sta	d by tutes	the corpoi	ration's k	coard of directors. I hereby accep	ot the app	ointment a	s registered	
SIGNATURE	- Jana pe		1-30	2-9	7 nt signature rec	- J-114		DATE		<del></del>	
12.	Signalus, typed or printed name of registered age OFFICERS AN		13.	o Age	III RIQENALUJE FEK		ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12	
TITLE	SD	DELETE	111	ITLE	I				☐ Change		
NAME	WRIGHT, JOAN	<del></del>	1.2 N	AME		TD					
STREET ADDRESS	1010 48TH AVE N				ADORESS		dun, Michael				
City-St-ZIP	ST PETERSBURG, FL 33714		1.4 CITY-		1		1 16th Av N				
TITLE	p	DELETE	2.1 T			St.	Petersburg, F:	35	7 Change	Addition	
NAME	SALAZAR, REV JOHN E		2.2 N	IAME							
STREET ADDRESS	5030 10TH ST N.		2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG, FL 33703		2.40	CITY-S	ST-ZIP						
TITLE	VD	☐ DELETE	3.1 T						Change	Addition	
NAME	DUPONT, ROBERT		3.2 N	IAME							
STREET ADDRESS	7570 46TH AVE N LOT 126		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG, FL 00000		3.4. (	CITY-S	ST-ZIP						
TITLE	TD	XX DELETE	4.1 T	ITLE					Change	Addition	
NAME .	KEATON, MARK D		4.21	NAME							
STREET ADDRESS	4430 34TH AVE N		4.3 8	TREET	ADDRESS						
CITY - ST - ZIP	ST PETERSBURG FL		4.4 (	ITY-\$	T-ZIP						
TITLE		DELETE	5.1 T	ITLE	ſ		• •		☐ Change	Addition	
NAME			5.2 N	IAME							
STREET ADDRESS			5.3 9	TREET	ADDRESS		•				
CITY-ST-ZIP			5.4 (	ITY-S	T-ZIP		·				
TITLE		☐ DELETE	611	ITLE			•		Change	Addition	
NAME			6.21	NAME							
STREET ADDRESS			6.3 5	STREET	ADDRESS						

14. I do 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 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