## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#713227**

FILED Mar 06, 2007 Secretary of State

Entity Name: THE DAN ALESSI EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6019 BUCHANAN STREET HOLLYWOOD, FL 33024

Current Mailing Address: New Mailing Address:

6019 BUCHANAN STREET HOLLYWOOD, FL 33024

FEI Number: 59-6193640 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALESSI,DANIEL 6019 BUCHANAN ST. HOLLYWOOD, FL 33024 US

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:

- Flateria Circulus d'Arad

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD ( ) Delete

 Name:
 ALESSI, DANIEL,

 Address:
 1542 WASHINGTON ST

 City-St-Zip:
 HOLLYWOOD, FL 33020

 Title:
 STD
 ( ) Delete

 Name:
 ALESSI, PATRICIA,

 Address:
 1542 WASHINGTON ST

 City-St-Zip:
 HOLLYWOOD, FL 33020

 Title:
 D
 ( ) Delete

 Name:
 COSTADURA, JOSEPH G.,

 Address:
 13521 SW 5TH CT.

City-St-Zip: DAVIE, FL

Title: D ( ) Delete
Name: ZEHNAL, MARK A.

Address: 6880 S.W. 4 ST.
City-St-Zip: PEMBROKE PINES, FL

Title: VD (X) Delete

 Name:
 ALESSI, DANIEL A

 Address:
 1542 WASHINGTON STREET

 City-St-Zip:
 HOLLYWOOD, FL 33020 US

Title: PD (X) Change ( ) Addition

Name: ALESSI, DANIEL REV
Address: 1542 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: STD (X) Change ( ) Addition

Name: ALESSI, PATRICIA A REV Address: 1542 WASHINGTON ST City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change ( ) Addition Name: COSTADURA, JOSEPH G

Address: 2572 W. SARATOGA DR City-St-Zip: COOPER CITY, FL 33026

Title: VD (X) Change ( ) Addition

Name: ZEHNAL, MARK A REV. Address: 6880 S.W. 4 ST.

City-St-Zip: PEMBROKE PINES, FL 33023

Title: ( ) Change ( ) Addition Name:

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA ALESSI STD 03/06/2007