

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90175 043 \*\*\*\*61.25

0072773

**DOCUMENT # 715920**

1. Corporation Name

**ALLIANCE CHURCH OF DUNEDIN, INC.**

Principal Place of Business

Mailing Address

1289 MICHIGAN BLVD.  
DUNEDIN FL 34698

1289 MICHIGAN BLVD.  
DUNEDIN FL 34698

150356 90175 43



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**01/20/1969**

4. FEI Number

**59-2310608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MANN, RICHARD P**  
**1914 CASTLE BAY CT**  
**OLDSMAR FL 34698**

10. Name and Address of New Registered Agent

81 Name

**Mann, Richard P.**

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

**2276 Tamarron Terrace**

83

84 City

**Palm Harbor,**

**FL**

85 Zip Code

**34683**

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 ☐ DELETE

NAME **D**  
**TUBAUGH, ROBERT**  
STREET ADDRESS **212 TALLEY DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**  
**CASAGRAN, DAN**  
STREET ADDRESS **1497 FAIRWAY DR**  
CITY-ST-ZIP **DUNEDIN FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Conrad, Ed**  
2.3 STREET ADDRESS **1171 Idlewild Drive**  
2.4 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ DELETE

NAME **D**  
**GREGORY, STEPHEN**  
STREET ADDRESS **2370 WATROUS DRIVE**  
CITY-ST-ZIP **DUNEDIN FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**  
**HOEVE, CLAIRAE T**  
STREET ADDRESS **2051 BACKWATER TRAIL**  
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D**  
**DeBord, Rick**  
4.3 STREET ADDRESS **1810 Forest Drive**  
4.4 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE ☐ DELETE

NAME **D**  
**MANN, RICHARD P**  
STREET ADDRESS **1914 CASTLE BAY CT**  
CITY-ST-ZIP **OLDSMAR FL**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D**  
**Mann, Richard P.**  
5.3 STREET ADDRESS **2276 Tamarron Terrace**  
5.4 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ DELETE

NAME **D**  
**MAYER, DANIEL**  
STREET ADDRESS **2025 DOUGLAS AVE**  
CITY-ST-ZIP **DUNEDIN FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**RICHARD P. MANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-99**  
Date

**727-786-2559**  
Daytime Phone #

CR2E037 (11/98)