


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90070 023 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 715920</b>                                  |  |
| 1. Entity Name<br><b>ALLIANCE CHURCH OF DUNEDIN, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1289 MICHIGAN BLVD.<br/>DUNEDIN FL 34698</b> | Mailing Address<br><b>1289 MICHIGAN BLVD.<br/>DUNEDIN FL 34698</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E037 (10/06)

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>HANSON, JIM<br/>2370 WATROUS DRIVE<br/>DUNEDIN FL 34698</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *James Hanson* DATE 4-12-07  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TUBAUGH, ROBERT<br>212 TALLEY DRIVE<br>PALM HARBOR FL <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Elder, Asst. Treasurer<br>Tubaugh, Robert<br>1831 Stable Trail<br>Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>address |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HACKWORTH, NANCY J<br>3641 LUMA DR<br>HOLIDAY FL 34691 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Member-at-Large<br>Steffen, Michael<br>742 Athens St<br>Dunedin, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | E<br>PAGE, JAMES<br>1412 HAGEN AVE<br>DUNEDIN FL 34698 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Hackworth, Nancy J<br>1545 Florida Drive<br>Holiday, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | E<br>MILLET, DANIEL<br>2207 ORANGESIDE RD<br>PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | E<br>FISK, RICHARD<br>1416 LANESOME PINE LN<br>TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *James Hanson* DATE 4-12-07 TELEPHONE # 727-933-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR