


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 028 ****61.25

DOCUMENT # 715920			
1. Entity Name ALLIANCE CHURCH OF DUNEDIN, INC.			
Principal Place of Business 1289 MICHIGAN BLVD. DUNEDIN, FL 34698		Mailing Address 1289 MICHIGAN BLVD. DUNEDIN, FL 34698	
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



02052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2310608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANSON, JIM		Name	
2370 WATROUS DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
DUNEDIN, FL 34698		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

Rev. James Hanson

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

(NOTE: Registered Agent signature required when reinstating)

2/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	EAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBAUGH, ROBERT	NAME	
STREET ADDRESS	1831 STABLE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34685	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKWORTH, NANCY J	NAME	<i>Hackworth, Nancy J</i>
STREET ADDRESS	1545 ROTINA DRIVE	STREET ADDRESS	<i>1545 FLOTILLA Drive</i>
CITY-ST-ZIP	HOLIDAY, FL 34691	CITY-ST-ZIP	<i>Holiday, FL 34690</i>
TITLE	E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, JAMES	NAME	
STREET ADDRESS	1412 HAGEN AVE	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
TITLE	MAL <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFERT, MICHAEL	NAME	<i>MAL STEFFEN, MICHAEL</i>
STREET ADDRESS	742 ATHENS ST	STREET ADDRESS	<i>742 Athens ST</i>
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	<i>Dunedin, FL 34698</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Rev. James Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

Daytime Phone #