
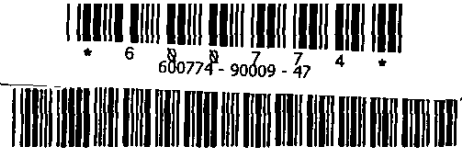


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Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 735243					
1. Corporation Name FIRST ALLIANCE CHURCH OF PENSACOLA FLORIDA, INCORPORATED					
Principal Place of Business 4918 MOBILE HIGHWAY PENSACOLA FL 32506			Mailing Address 4918 MOBILE HIGHWAY PENSACOLA FL 32506		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/12/1976	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution			

9. Name and Address of Current Registered Agent GAY, JAMES 4000 W GADSDEN ST PENSACOLA FL 32505				10. Name and Address of New Registered Agent 81 Name STEPHEN C. SOLICE 82 Street Address (P.O. Box Number is Not Acceptable) 2165 OXFORD DR. 83 84 City PENSACOLA FL 85 Zip Code 32503			
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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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	D WOOLNER, BRUCE
NAME	GAY, JAMES	1.2 NAME	4006 KELLY AVE.
STREET ADDRESS	4000 W. GADSDEN ST.	1.3 STREET ADDRESS	PENSACOLA, FL. 32505
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	COOPER, EVERETT	2.2 NAME	
STREET ADDRESS	236 AQUAMARINE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SOLICE, STEPHEN	3.2 NAME	
STREET ADDRESS	2165 OXFORD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	
TITLE	D WOOLNER, BRUCE	4.1 TITLE	
NAME	4006 KELLY AVE.	4.2 NAME	
STREET ADDRESS	PENSACOLA, FL 32505	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] SIGNATURE REQUIRED

7/15/99

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