2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #736166

1. Entity Name
NEIGHBORHOOD ALLIANCE CHURCH OF THE



FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90343 029 ****61.25

	AN AND MISSIONARY A			[8							
Principal Place of Business 301 MARKHAM WOODS RD LONGWOOD, FL 32779		301	Mailing Address 301 MARKHAM WOODS RD LONGWOOD, FL 32779						600;	28822 Militari	
2. Principal P	Place of Business	3. Mail	ing Address								
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				04082006	Chg-NP	CR2	2E037 (11/05)	
City & Stat	9	Cit	y & State				4. FEI Number 59-1635				pplied For ot Applicable
Zip	Country	Zig		Count	try			of Status Desire		\$8.75 Ad Fee Require	
	6. Name and Address of Curre	ent Registere	d Agent				7. Name and	Address of Ne	w Register	red Agent	
SWANN F	RICHARD R.	_		1	Name						
	I MAGNOLIA AVE.				Street Ad	ddress (F	P.O. Box Numbe	r is Not Accept	able)		
				L	City					FL Zip Coo	te
9 The shows	named entity submits this statemen	t for the purp	are of changing its re	ocietored	office or I	registers	ad agent, or both	in the State o			and eccent
	inamed entity sobmits this statement ions of registered agent.	itioi trie porp	ose of Chariging its re	agisterau	Office OF	registere	au ag a ni, or boo	1, HI UIO SIGLO O	ii riciiua. 1	CELL LOCK HINGS AND I	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if app	iksable. (NOTE: I	Registered A	ogent signatur	re required	when reinstating)		D/	ΛTE	
SIGNATURE .	Signature, typed or printed name of registered as Filling Fee is \$61.25 Due by May 1, 2006	gent and title if app	9. Election Camp Trust Fund Co	oaign Fina	ancing		when reinstating) \$5.00 May Be Added to Fees	, ,	Make ci	heck payable to partment of S	
SIGNATURE	Filing Fee is \$61.25		9. Election Camp	oaign Fina	ancing		\$5.00 May Be	· ·	Make ci Florida De	heck payable partment of S	itate
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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:	TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dete	Devire Phone #
2000	the of My Trans of My	ERS 4-11-06	WAT 869-6071