


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 736166	
1. Entity Name NEIGHBORHOOD ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.	

Principal Place of Business 301 MARKHAM WOODS RD LONGWOOD, FL 32779	Mailing Address 301 MARKHAM WOODS RD LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1635190	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

**SWANN, RICHARD R.
17 SOUTH MAGNOLIA AVE.
ORLANDO, FL**

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000664280 03/22/07-80037-014 61 25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HIMSCHOOT, BRUCE 7391 CANAL DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAILEY, MIKE 1009 FAIRCLOTH CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, DAVE 618 FALLSMEAD CIR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYERS, THOMAS 737 WIND WILLOW CIR WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Bruce Himschoot **3-10-2007 407-321-5159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #