2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 736166

Entity Name: NEIGHBORHOOD ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

301 MARKHAM WOODS RD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

301 MARKHAM WOODS RD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1635190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	HIMSCHOOT, BRUCE	
Address:	7391 CANAL DRIVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	DAILEY, MIKE	
Address:	1009 FAIRCLOTH CT	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	MULLINS, COLLIER	
Address:	1406 S. RIDGE LAKE CIRCLE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	PD	( ) Delete
Name:	MYERS, THOMAS	
Address:	737 WIND WILLOW CIR	
City-St-Zip:	WINTER SPRINGS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS O MYERS O/D 01/29/2009

Electronic Signature of Signing Officer or Director — Date