

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747292 (1)
 1. Corporation Name
THE FIRST ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF JACKSONVILLE, FLORIDA



Principal Place of Business 1132 HAMILTON STREET JACKSONVILLE FL 32205	Mailing Address 1132 HAMILTON STREET JACKSONVILLE FL 32205
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3. Date Incorporated or Qualified 05/22/1979	3a. Date of Last Report 03/16/1995
4. FEI Number 59-3155833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**STEPHENS, EDWARD R
 1095 INGLESIDE AVE
 JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name DENNIS BAUER
82 Street Address (P.O. Box Number is Not Acceptable) 1171 S. Lane Ave. # 410
83
84 City JACKSONVILLE
85 Zip Code FL 32205

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: *Dennis M. Bauer, Pastor* DATE: **3-19-96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KEEFE, BERNHARD E	
STREET ADDRESS	2835 LANTANA LAKES DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246-1831	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WARREN, RICK	
STREET ADDRESS	1127 DANCY ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32205	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRUNK, MARIE	
STREET ADDRESS	1154 HAMILTON ST	
CITY-ST-ZIP	JACKSONVILLE, FL FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIANE T. WARREN	
13 STREET ADDRESS	1127 DANCY STREET	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Paul A. ...* DATE: **1-29-96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Vicki ...* DATE: **904-3876296**

CR2E037 (12/95)